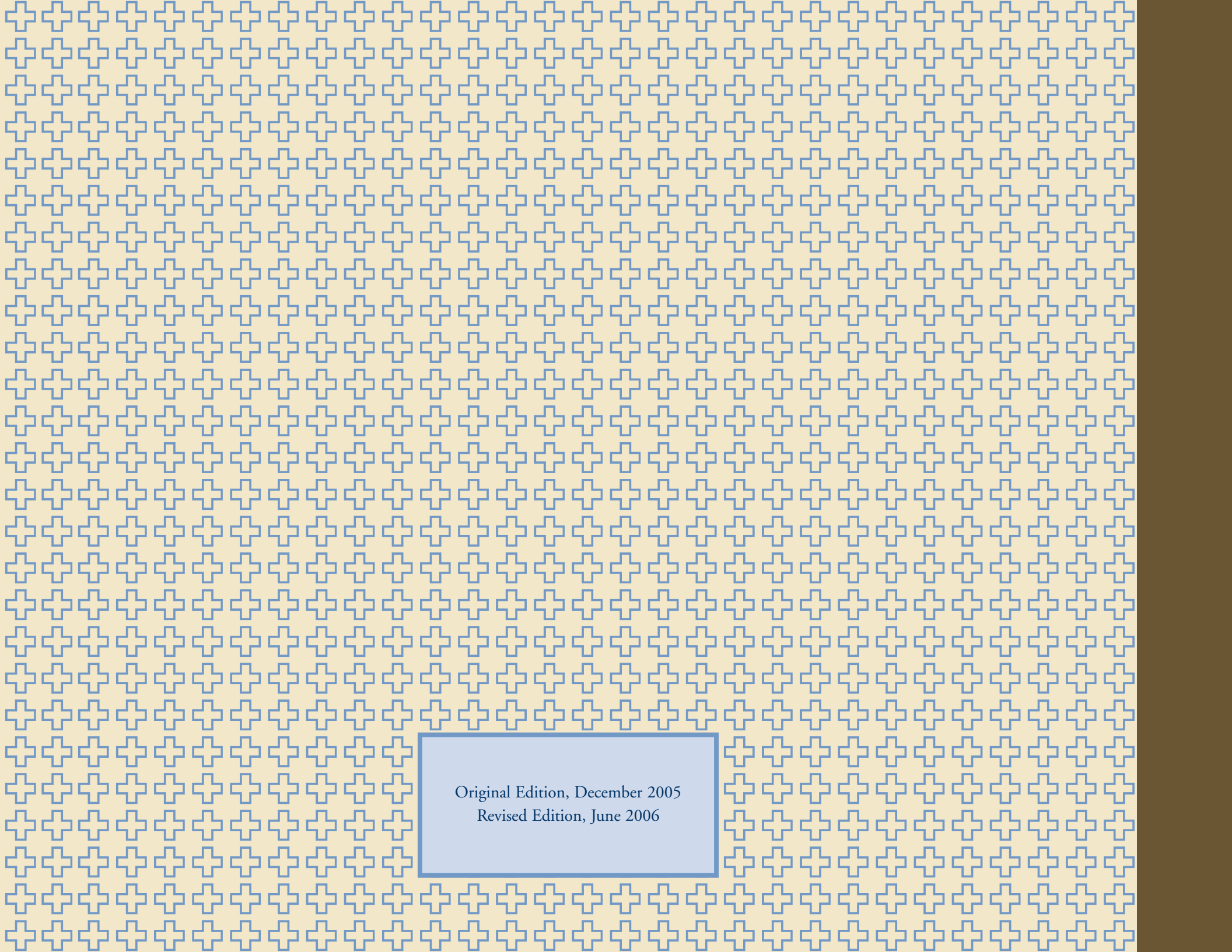


The History of Public Health Nursing
in Georgia
1898-2002



Georgia Department of Human Resources, Division of Public Health



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Preface



One hundred years of Public Health Nursing in Georgia was celebrated in 1998. To recognize the first 100 years of service and to focus on the work of public health nurses as major partners for health, the Georgia Department of Human Resources, Division of Public Health Office of Nursing, under the leadership of the Chief Nurse, Carole (Robinson) Jakeway, formed a Public Health Nursing (PHN) Centennial Celebration Steering Committee to plan the events and activities that would take place that year.

One of the activities initiated by the PHN Centennial Celebration Steering Committee was the compilation of a *One Hundred Year History of Public Health Nursing in Georgia: Georgia's Public Health Nurses – Partners for Health*.

At the Public Health Nursing Centennial Celebration Luncheon on April 28, 1998 at the Sheraton Gateway Hotel in Atlanta, a preliminary draft version of the history was released as a preview to the more complete, detailed document which would follow.

The draft version was presented and dedicated at the Georgia Public Health Association Nursing Section Annual Meeting in Savannah, September 8–11, 1998.

This publication is the result of additional years of work toward the accomplishment of the goal to recognize the contribution of public health nursing in Georgia.

The History Committee included Jane Martin Atkinson Hammett, RN (retired District Public Health Program Manager of the East Metro Health District, Lawrenceville, GA.); Jane McCombs, RN (Retired Nurse Consultant in the area of Adult Health and Chronic Disease Control and Prevention, Georgia Division of Public Health); Dr. Mary Hall, RN (Faculty Emeritus, Nell Hodgson Woodruff School of Nursing of Emory University); and Carole (Robinson) Jakeway, RN (Chief Nurse, Georgia Division of Public Health).

The committee hopes the reader will enjoy this abbreviated history of public health nursing in Georgia. Our history is rich. There are so many stories to tell.

Special thanks are extended to the following individuals for their assistance in preparing and reviewing this document: Barbara Joye (DHR Office of Communications); Pat Malone (Retired, DHR); Dr. Armenia Williams (Professor of Nursing, Georgia State School of Nursing); Dr. Elizabeth Sharp; Kay Gray Gatins; Amy Thom; Barbara Simmons; and Vanessa Melvin, Becky Bertram for typing and administrative support.





Introduction

Nursing as we know it is barely 150 years old, which makes it a young profession when compared with the other disciplines of medicine, law, and teaching. As such, its identity and position alongside the other learned professions are still being developed as scholars determine the theoretical knowledge that underlies the traditional goal of providing a humanitarian service to members of the community (Winstead-Fry 1977). The development of nursing as a profession is clearly identified with the pioneer work of Florence Nightingale. Moreover, it is closely associated with the emerging desire of women in the late 19th and 20th centuries to move out of the domestic sphere and into the public arena. This was the beginning of the era of the “new woman” who sought independence and fulfillment through the pursuit of a rewarding career.

But nursing, as a universal response to human need, is as old as humankind, with its roots in ancient history. The essence of nursing is caring (Benson & McDevitt 1980). Nursing began because somebody cared – somebody who had compassion for a fellow human being (Benson 2001, 1).

In the Bible, in addition to fulfilling their functions as nurturers and caregivers in the home and family, educated women are performing in public roles such as midwives, surgeons, anatomists, and teachers (Hurd-Mead 1977).

The earliest reference to a nurse is found in the scriptures, in the Book of Genesis; here, Rebekah’s nurse is identified as a woman named Deborah (Hertz 1975, Genesis 24:59, 35:8).

There are biblical accounts of Phoebe, friend of Saint Paul, whom history has named the “first deaconess and the first visiting nurse.” It is recorded that she went from home to home where there was illness, out of the kindness of her heart. Public health nursing is an outgrowth of “visiting nursing” or “district nursing,” so we look to the first century of the Christian era when people were moved to sympathy and love to visit and care for the sick and suffering. The first organized visiting of the sick in their homes began in those early days when the church established the order of deaconesses and charged them with the Christian duty of visiting and caring for those who were sick or in need (Brainard 1922).

Florence Nightingale’s contributions to nursing in the Crimean War in 1854 are well known. She was very much interested in nursing in the home and was probably the first to use the term “health nursing.” It was Nightingale who was responsible for training nurses and for giving nursing dignity and status.

The development of nursing as a profession is clearly identified with the pioneer work of Florence Nightingale. Moreover, it is closely associated with the emerging desire of women in the late 19th and 20th centuries to move out of the domestic sphere and into the public arena.



Frances Root, a graduate of the first established school of nursing in the United States, is credited with pioneering community nursing around 1875.

The first modern district nursing association was started in Liverpool, England around 1860 by William Rathbone. Modern schools for training nurses grew out of the ideas and labors of Florence Nightingale and William Rathbone. Public health nursing in the United States began with early graduate nurses who served poor people in their homes across America. These nurses frequently provided the only care available to these people and often did it with little or no financial compensation.

The first public health nurses were caring and courageous pioneers. Their commitment to those they served was a constant challenge. There were overwhelming health problems to be addressed, and they were confronted by a society that saw little or no place for women who operated outside of their family and class.

Although the United States was plagued with public health problems from the time of colonization, it was not until after the Civil War that concerted public health efforts were made to lower morbidity and mortality. Infectious diseases were rampant, and health care was both inadequate and scarce.

Public health nurses soon became recognized as key contributors to the mission of public health to prevent disease, promote health, and provide care. Frances Root, a graduate of the first established school of nursing in the United States, is credited with pioneering community nursing around 1875 (Hanlon 1974). By 1877, the Women's Branch of the New York City Mission employed visiting nurses. Their responsibilities were to carry out physicians' orders, visit pupils' homes, teach mothers about general health and infant care, and access medical care for sick children. Visiting nursing associations were established in Buffalo in 1885, and in Boston and Philadelphia in 1886.

Public Health Nursing in the United States celebrated its centennial in 1993; this was a time to reflect nationally on its history and accomplishments. The official event that is felt to mark the beginning of true public health nursing in this country was the founding of the first organized public health agency, or settlement house, in New York City in 1893. This agency began a large scale national movement to ensure that public health nurses would be available to those in need. The vision for the movement came from Lillian Wald, a nurse and the founder of the Henry Street Settlement in 1893. This was the first district nursing agency in the United States. Ms. Wald, with a clear sense of calling, exceptional political and organizational skills, and tireless energy and leadership, brought people and resources together. It was Ms. Wald who first coined the phrase "public health nurse" (US Public Health Service 1993).

Lillian Wald, 1867–1940, stands out in the annals of nursing history as a towering figure of strength, creativity, and practical idealism. Because Wald is so closely associated with social





reform, many sources persist in identifying her as a social worker rather than a nurse, on the assumption that nursing and social reform do not go together – a point that rankles nurses. She was first and foremost a nurse, however. Like Florence Nightingale, Wald came from a highly cultured, upper-middle class family who did not altogether approve of her becoming a nurse.

She was born in Cincinnati, Ohio in 1867 to German-Jewish immigrant parents. She later moved with her family to Rochester, NY. She was educated in a private school in Rochester, and when she was 16 years old she applied for admission to Vassar but was not accepted because of her age. She stayed at home and tried to enjoy the pleasant life of a young woman in a well-to-do socially active family, but she became restless and wanted to get out into the world and do something more meaningful. She found herself irresistibly drawn to the newly created profession of nursing after she had observed the “trained nurse” who was brought in to care for her ill sister. In 1889, Wald entered New York Hospital School of Nursing.

After completing her nursing program and working for a brief period, Wald decided to go to medical school. Soon after she had begun her studies there, she agreed to teach a class in home nursing to immigrants on the Lower East Side. One day, during class, a child came up to her and said her help was needed at the child’s home. Wald went with the child to a run-down tenement where she found the child’s mother lying gravely ill in the midst of abject poverty and destitution. Coming face-to-face so dramatically with the grim reality of the social and economic deprivation in the neighborhood, Wald experienced what she called a “baptism of fire” (Wald 1971, 7) that drove her out of medical school and into a life of service in the slums. She went to live in that area and, in time, moved to Henry Street with her colleague Mary Brewster; there they set up the Nurses’ Settlement to provide nursing services to the community.

A passionate and dedicated social reformer, Wald linked nursing with the women’s movement and was a staunch advocate of the nursing profession. In her words, “. . . skillful nursing is of greater value in preserving ‘human’ life than the best medical advice” (Daniels 1989, 28). Wald, who coined the term “public health nursing,” has been characterized as the “creative shaper” of the public health field of nursing (Buhler-Wilkerson 1989, 18). She played a prominent role in many of the social causes of that era (Benson 2001, 49–51).

As the national public health movement neared the beginning of the twentieth century, Dr. William H. Welch of Johns Hopkins University said that “America’s two greatest contributions to public health were the Panama Canal and the public health nurse” (Hanlon & Pickett 1984). Public health nurses quickly proved to be versatile, and their skills seemed endless. They became involved in labor movements; health concerns of the industrial revolution; combating the



Lillian Wald

Coming face-to-face so dramatically with the grim reality of the social and economic deprivation in the neighborhood, Wald experienced what she called a “baptism of fire” (Wald 1971, 7) that drove her out of medical school and into a life of service in the slums.



The first trained public health nurse in Georgia was employed by the Atlanta City Mission in 1905. She was Mary Cavart, who had worked with Lillian Wald at the Henry Street Settlement in New York City.

exploitation of women and children; and promoting reproductive health, prison reform, and mental health (Heinrich 1983).

The first trained public health nurse in Georgia was employed by the Atlanta City Mission in 1905. She was Mary Cavart, who had worked with Lillian Wald at the Henry Street Settlement in New York City. Mary Dickinson and Rosa Lowe, two social workers who were to leave a lasting influence for the good on Atlanta and Georgia, recognized their limitations and asked Cavart, who was in LaGrange with a patient at the time, to come to Atlanta and organize the visiting nurse work of the mission (*Manual of Public Health Nursing, Vol. I*, Georgia Department of Public Health, 1949).

In the early days, progress was slow. Reasons for this are felt to be post-Civil War poverty and limited resources for social services and institution building; the high value people in the South placed on care provided by family, friends, servants, and church; a reluctance to build and/or support “free” institutions for poor whites and blacks; and the fact that states’ rights philosophically opposed federal government intrusion (Georgia Wald-Trek Project, Ann Connor, 1999).

By contrast, the Depression and the New Deal policies facilitated the establishment of permanent health services in most of Georgia. The Works Progress Administration (WPA), the Social Security Administration (SSA), the U.S. Public Health Service (USPHS), and the Children’s Bureau all provided funds to help with the growing need for health services in Georgia (Georgia Wald-Trek Project, Ann Connor, 1999).

Public health nursing has changed with the times. As our country changed, public health and public health nursing changed. We have grown, shifted our perspective, and adapted to changing health and societal needs.

Since the beginning of public health and public health nursing, partnerships with individuals, communities, other service organizations, and the religious community have been paramount.

As we looked at the history and the heritage of public health nursing and celebrated its first 100 years, we acknowledged and recognized all of the people, neighborhoods, institutions of higher education, formal and informal governmental groups, private organizations, agencies, and others who have worked in concert with those who developed this important nursing specialty and who continue to move in partnership with contemporary public health nurses into the 21st century.



The First Twenty-Five Years (1898–1923)

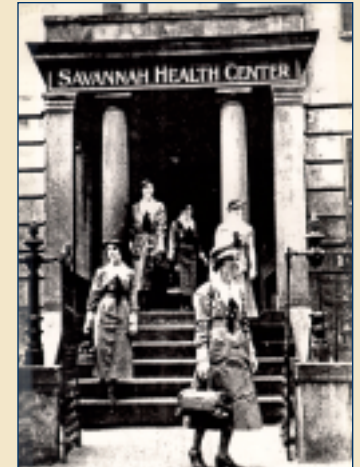
by Jane McCombs, RN, MN

The Ellis Health Law, which created the framework for the establishment of County Boards of Health, was passed by the Georgia General Assembly in 1914. Although there were four county health departments in Georgia in 1916, the first public health nurse was hired by the state in 1922 as a result of the Sheppard Towner Act, federal legislation that required state matching funds. The first public health nurse was assigned to the “healthmobile” for the “benefit of expectant mothers, mothers, and young children” (Abercrombie, 106–107).

Prior to 1922, non-official, non-governmental agencies and volunteers, such as Visiting Nurse Associations, the American Red Cross, voluntary health agencies, and community volunteer groups, provided nursing services to communities (Roberts, 191). An example was the Mary MacLean Association in Savannah; there, a group of young women organized in 1903 to provide services to the sick poor. They employed Henrietta Meyers, a nursing school graduate from New York, in 1905; she “carried for the first time into many homes not only the tender ministrations of a trained mind and skillful hands, but also furnished that fundamental education in domestic hygiene so often sadly lacking” (Joye, Barbara, Public Health Nursing Pioneered in Savannah, DHR news release to Savannah, 1993).

“In 1910, the American Red Cross Nursing Service was pioneered in Georgia (as elsewhere) and established a nursing service in Atlanta as early as 1910.” From 1919–1930, Red Cross nurses functioned in 25 different counties in Georgia (*Manual of Public Health Nursing*, Vol. 11, Georgia Department of Public Health 1949, 11).

The “roaring twenties” was a time of expansion of public health nursing. Programs included midwife training and supervision, and a diphtheria immunization campaign. Community interest in public health led to the establishment of county health departments. Appling County began its public health program in 1923 when the Women’s Club and the Parents and Teachers Association ladies began trying to help with some of the health problems of the county (Baxley



Savannah Health Center.

Prior to 1922, non-official, non-governmental agencies and volunteers, such as Visiting Nurse Associations, the American Red Cross, voluntary health agencies, and community volunteer groups, provided nursing services to communities.



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News Banner September 23, 1993). In the same year, public health nursing was first organized in Georgia by the State Board of Health through the Division of Child Hygiene. With assistance from Sheppard-Towner funds, “itinerant nurses worked directly from the State Board of Health and other nurses worked in cities and counties where local funds have been appropriated.” (Winchester, ME, MD, DrPH, Official Bulletin on *A Brief History of Public Health Work in Georgia*, An Address Delivered before the Medical Association of Georgia at Athens, May 11, 1927, p. 9). By 1930, 32 counties were operating health departments, and 42 percent of the state’s population was being served by local health organizations (Abercrombie, 99).





The Second Twenty-Five Years (1924–1949)

by Mary Hall, RN, PhD

The development of public health nursing during this 25-year period was affected by significant external forces, including the Great Depression, the New Deal of the Roosevelt administration, World War II, and the postwar recovery. Each of these events had both positive and negative influences on public health nursing services and education.

As mentioned previously, the Sheppard Towner Act of 1922 provided, through grant in aid to states, the funds to implement maternal and child health (MCH) services. Some collaborative efforts between public health and the medical and dental community to provide MCH services were evident. In 1925, the Medical Association of Georgia asked the State Board of Health to supervise the practice of the 5000 lay nurse midwives in the state. Eighteen nurses were employed, using funds provided under the Sheppard-Towner Act, to supervise the midwives (Abercrombie, 107-108). One of the nurses described her experience: “I had classes at least once a month. I taught them how to pack their supplies, wrap them and bake them in the oven at a low temperature. Once in a while one of them would get in trouble [with a delivery]. If they couldn’t get a doctor, they would always call on me, even in the middle of the night” (Beatrice Parramore, Oral History Interview, 39–40).

From 1924–1928, the Commonwealth Fund helped expand and strengthen public health nursing in the nation. Clarke County and Athens received one of its child health demonstration projects (Roberts, 196; Abercrombie, 101). The project designed new services that stressed prevention and health education, and it strengthened both the health department and the private practice of medicine and dentistry. “Nurses taught good child care in the home” (Abercrombie, 101). This and other national demonstrations sponsored by private funding from the Commonwealth, Milbank, and other agencies had a far-reaching influence on the development of public health nursing (Roberts, 196). Dr. William Welch stated in the 1933 report of the President’s Research Committee on Social Trends, “America has made two unique contributions to medicine – the Panama Canal and the public health nurse” (Roberts, 190).

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School children ready for Public health nurse to administer vaccine.

Another collaborative effort involved the Georgia Pediatric Society and the Congress of Parents and Teachers. These two groups cooperated with the State Board of Health in initiating the first statewide diphtheria immunization campaign (Abercrombie, 109).

The Georgia State Organization for Public Health Nursing began in 1925 with nurse members, associate nurse members, lay members, and associate members (Constitution and By-Laws of Georgia State Organization for Public Health Nursing, Revised 1941). The Industrial Nursing Section joined the organization in 1939. The Georgia State Organization for Public Health Nursing became one of the six professional units in the restructuring of the Georgia League of Nursing in 1953 (Constitution and ByLaws of GSOPHN and One Boundless Reach).

“Mrs. Gertrude Yates, who started work in 1925 as Fulton County’s first public health nurse, has retired from the Fulton County Health Department. For 15 years Mrs. Yates was the only public health nurse in the county. She was attached to the school system. She saw the county’s department of public health grow from a staff of three into a department that annually spends more than \$1,000,000 toward the well-being of the county’s residents “ (*Facts About Georgia Public Health Workers*, Atlanta: Department of Public Health Vol. III No. 2, February 1954).

In 1930, results of the MCH program began to appear. Georgia was one of five states to show a decrease in infant mortality (Abercrombie, 109). In spite of, or perhaps because of, the success of the Sheppard-Towner Act, Congress allowed the Act to lapse in 1929 (Cong. Rec., 69th Cong., 1ST Sess., p. 1584; 1940).

This would all change very shortly as the impact of the great depression was felt. By 1933, public health nurses on the state staff level had dwindled to four because of insufficient funds (Abercrombie, 109). Services of private duty nurses were discontinued wherever possible, and public health nursing organizations were forced to operate with a smaller staff. This led to hundreds of unemployed nurses (Abercrombie, 134).

Some of the early programs of the Roosevelt administration to combat the effects of the depression were the Federal Emergency Relief Administration and the Works Projects Administration (WPA). The Federal Public Health Nursing Project under WPA was established to utilize the services of unemployed nurses. Forty were assigned to the Maternal Child Health Division (Abercrombie, 109). One of the key leaders of this time, Jane Van de Vrede, was associated with the Federal Emergency Relief Administration of Georgia (Pauline English, Oral History Interview, 107). The Georgia Emergency Relief Program “sought useful ways of putting nurses to work. The services of 80 nurses were provided for the State Health Department. The nurses were assigned to 124 rural counties in the state” (Abercrombie, 135). Highlights of these services were: 115,000 visits





to prenatals, babies, young children, and tuberculosis patients; classes for 4000 midwives; immunization clinics; locating 600+ crippled children; survey of maternal deaths; and survey of the distribution of cancer (Abercrombie, 135).

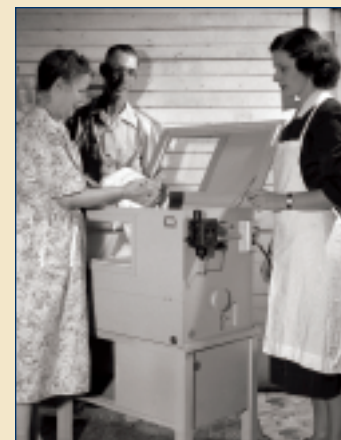
Nurses working in the WPA project in Atlanta made home visits on referral from Grady Memorial Hospital. “We would have babies we would follow who had measles and chicken pox. We would have to go to those places and use some kind of communicable disease technique” (Pauline English, Oral History Interview, 65). Another nurse said many immunization clinics were set up in places such as churchyards and “Then all the people would come to bring their children for vaccinations and the diphtheria shot” (Birdie McFarlin, Oral History Interview, 2).

One interesting WPA project involved the care of premature infants. A staff pediatrician perfected plans for an economical incubator to be used in the home; 189 were built. These were assigned to local health departments throughout the state (Abercrombie, 165). These incubators were described by two nurses: “We would go into the home and take the incubator, set it up the day before, and have it ready for the baby. We’d give the mother some instructions. Then we’d go back every day and weigh the baby, and see that it was being fed correctly and everything” (Pauline English, Oral History Interview, 79). “We had to take the incubators out and hook them up. If there was electricity, then it was very satisfactory. But if not, we had to use hot water bottles or hot bricks wrapped and it was not very satisfactory at all” (Beatrice Parramore, Oral History Interview, 42).

The WPA project came to an end in May 1936. However, by 1936, funds were available under the Social Security Act of 1935 for grant in aid to all the counties for use in local health departments (Abercrombie, 155). Fulton County Health Department absorbed the WPA project nurses (English, 59).

The Sparta Child Health Demonstration Project was established in Hancock and Glascock counties in 1936 using Social Security funds. The project partnerships with the medical and dental professions, the University of Georgia Extension Service, and the State Department of Education emphasized child health and nutrition. Five staff public health nurses “did follow-up work to get mothers and children to clinics; educated the people in first aid and home care of the sick; supervised and instructed midwives; immunized against smallpox, diphtheria, and typhoid fever; and assisted in collecting laboratory specimens” (Abercrombie, 110).

On April 15, 1936, the State Health Department qualified for Social Security Act funds. A Division of Public Health Nursing was established with a director, assistant director, and 18 field



Public health nurse makes home visit to assess a newborn baby.





advisory nurses. By the end of 1936, 25 public health nurses had been trained (Abercrombie, 136). By 1939, 150 had been trained. "This training was necessary because qualified personnel were not available" (Abercrombie, 155).

At the beginning of 1938, 51 counties had local health departments and 11 others employed one nurse only. The other 95 counties were grouped into 18 districts, each with an itinerant nurse supervisor. These nurses also provided some direct services. Tuberculosis services were provided by a special staff of nine nurses from the state (Abercrombie, 136).

Later in 1938, State Health Department services were decentralized into six regional health districts; each had a medical director, a consultant nurse, two sanitary engineers, and a clerk. The consultant nurse directed and supervised public health nurses in counties having only nursing services. Small counties, unable to establish full time health departments, were offered grant in aid for public health nursing services (Abercrombie, 155).

A discussion of public health nursing during the decade of the thirties would be incomplete without mention of the work of black nurses. In 1932, Nina Gage and Alma Haupt made a 6-week tour of six southern states. The tour was funded by the Julius Rosenwald Fund for the purpose of determining whether or not "the Negro public health nurse had proved herself and if so, how southern communities could be provided with a sufficient number of nurses who had good qualifications for their work." Gage and Haupt reported that "seeing is believing, and those who actually saw those Negro nurses at work could easily appreciate their tremendous contribution to the health of their race." The possibility of placing Negro graduate nurses in municipal hospitals in the South was explored (Abercrombie, 2). Gage and Haupt concluded that endowments and scholarships were needed, as was the establishment of local centers in the South for training.

Cancer control services were initiated in 1937 when the state legislature passed a cancer control law requiring the Health Department to provide facilities for the treatment of indigent cancer patients. On October 1, 1937 a Division of Cancer Control was established in the State Health Department. A cooperative arrangement was set up among the Medical Association of Georgia, the Department of Public Health, and the Georgia Division of the American Cancer Society for coordination of services (Abercrombie, 150). Between 1943 and 1947, 11,229 people received cancer diagnosis and treatment services (Georgia Department of Public Health, 21).

Beginning in 1937, Social Security funds became available for a concentrated attack on venereal disease. Anti-syphilitic drugs were distributed free of charge first to indigent patients, then to semi-indigent patients, then (by 1939) to everyone testing positive for syphilis (Abercrombie, 170).

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The decade of the forties began with a serious polio epidemic. Special instructions were given to public health nurses in the care of polio victims and prevention of the spread of disease. Over 700 cases were cared for (Abercrombie, 178). However, a much more significant event occurred on December 7, 1941 – the bombing of Pearl Harbor.

As the United States entered World War II, a number of factors influenced public health nursing. “Shifting populations, serious overcrowding in areas where military camps and war industries were located, an increase in birth rates, overcrowded hospitals and early dismissal of patients, the withdrawal of doctors to the military, the urgent need to control Venereal Disease (VD), and the importance of reducing absenteeism in industry due to illness, all made new demands on public health nurses” (Abercrombie, 178). Many public health nurses and private duty nurses joined the armed forces, leading to a serious shortage of public health nurses. In 1944, 43 counties were without public health nursing services (Abercrombie, 178).

The Bolton Act of 1943 established the Cadet Nurse Corps to increase the supply of nurses. One million dollars in funds for nursing education was administered by the United States Public Health Service (Stanhope and Lancaster, 13). By 1946, there were still 125 public health nursing vacancies in Georgia, with 362 filled positions. By 1947, the figure had risen to 408 public health nurses, with 113 vacancies (Abercrombie, 178).

Recruitment into public health nursing was stepped up and scholarships were offered. Fifty-two nurses received training in public health in 1947 (Abercrombie, 178). One nurse reported, “I took an exam for public health nurses and after that I got a scholarship to the Medical College of Virginia” (Birdie McFarlin, Oral History Interview, 14).

Collegiate education for nurses was implemented in Georgia in the mid-40’s with the opening of two Baccalaureate (BSN) programs. The Medical College of Georgia admitted students to its nursing program in 1943, and Emory University School of Nursing admitted baccalaureate students in 1945. Students were required to have public health nursing content and “field” experience (Mary Hall, personal experience). Prior to this time, nurses had to go to such places as Peabody College in Nashville, Tennessee and Teachers College of Columbia University in New York City for public health nursing education (Pauline English and Mattie Lee Wade, Oral History Interviews).

The Georgia Department of Public Health also offered training for public health nurses in the form of certificate courses. All nurses employed in public health received basic orientation, including one week at the tuberculosis hospital in Rome and one week at the state mental health hospital in Milledgeville. Nurses without a BSN degree had more extensive courses and a year of sponsorship

Special instructions were given to public health nurses in the care of polio victims and prevention of the spread of disease. Over 700 cases were cared for.





Washing hands before providing care in the home.



Teaching how public health works with other community agencies.

by a qualified public health nurse. The program, based in the Health Education section of the Georgia Department of Public Health, was developed and implemented by Helen Smith.

In 1947, a nurse midwifery demonstration project was established in Walton County in conjunction with the county hospital. Two nurse midwives assisted the doctors with labor and delivery and delivered 64 patients. That same year, a home delivery service was begun in Thomas County with two nurse midwives. They delivered babies for 15 women over a six month period (Abercrombie, 166).

Public Law 725, the Hospital Survey and Construction Act (Hill-Burton Act), was signed into law by President Truman on August 13, 1946. Early in 1947, the Hospital Survey and Construction Section was created within the Division of Administration of the Georgia Department of Public Health. Needs were inventoried, plans developed, and construction implemented. Federal funds allotted to Georgia for 1947–48 made possible the construction of a number of hospitals and seven public health centers, one in Decatur and six in Fulton County (Abercrombie, 194–196).

As of August 1, 1948, 116 counties had at least one public health nurse; 23 counties had budgetary arrangements for a public health nurse; and 14 additional counties indicated they would provide for a public health nurse when personnel was available (Georgia Department of Public Health, 2). Public health nurses numbered 408 in 1947. These nurses made 441,124 family health visits that year. Visits included: maternity, child health, crippled children's services, cancer, communicable diseases, tuberculosis sick care, and venereal disease (Georgia Georgia Department of Public Health, 15). Dr. T.F. Sellers, Director, Georgia Department of Public Health, concluded, "Whether the public health picture in Georgia is painted dark or light, progress is being made. We will be able to realize the goal of good health for all Georgians in our time" (*Public Health Services in Georgia*, Foreword in Booklet, Georgia Department of Public Health, 1949).



The Fifties (1950–1959)

by Jane Atkinson Hammett, RN, BSN

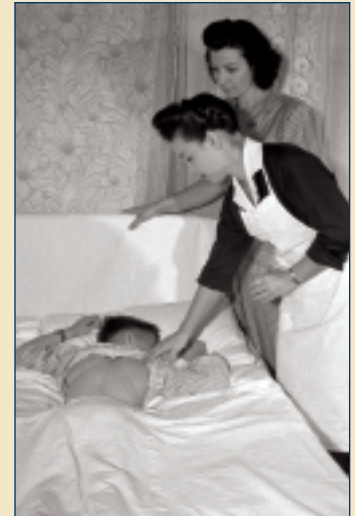
From the Annual Report of the Public Health Nursing Division, 1950, we learn that there was a mounting need for public health nursing services in communities where war time problems were reappearing. “The public health nurse is an essential member of the team of health workers in a program for the protection of civilians. The nurse who has the ability to work with groups of people, to organize and teach volunteers and other types of lay workers, to help families to develop their own skills and solve their own health problems has a new responsibility to her county” (PHN Division Annual Report, 1950).

In 1950, the national ratio goal of one nurse to every 5,000 people was not possible in Georgia. Public health administrators recognized that the public health nurse was vital in implementing every type of public health service. As the type and scope of health programs expanded, the need for better qualified staff nurses, as well as highly qualified specialized consultant nurses, increased. Programs such as Mental Health, Geriatrics, and Chronic Disease Prevention and Control began to expand. The public health nurse’s skill and activity in the early detection and treatment of diseases of all types became essential.

By 1950, there were only 26 counties without public health nursing services, compared to 40 counties in 1948.

Mary Fitzpatrick was appointed to the position of Hospital Consultant Nurse in 1950. Approximately 59% of the 467 nurses employed in local and state level positions had had some education in public health.

In 1951, an Orientation Committee developed and approved three plans for the orientation of graduate nurses in public health. The priority plan provided for a 2-month period of training. One month was to be spent in an organized health commissioner county; two weeks were to be spent with a county nurse working alone; and two weeks involved observation in various related



Public health nurse makes home visit to examine a patient with rheumatic fever.





agencies. Two alternate plans were developed as substitutes if Plan I was not possible due to a critical need for the nurse in her home county (Floyd, Annual Report, 1951).

Theodora Floyd stated in her 1952 Annual Report: "Public Health is people, hence any public health program that achieves its purpose must be centered on people." She stated, "Cicero said, 'In nothing do men more nearly approach the gods than in giving health to people.'" Floyd indicated that the major objective of the Nursing Division was to "help each public health nurse achieve the necessary wisdom to help people solve their own problems and meet their own needs." This can be accomplished, she said, only when all nurses have a clear understanding of and appreciation for people as individuals, a vision of what they may become physically, mentally, and emotionally. In addition to the competencies necessary to help people achieve these goals, "nurses must have a broad understanding of the significance of their work, and its relationship to medicine, social work, engineering, sanitation, nutrition, and education" (Floyd Report 1952).

The Visiting Nurse Association was started by Lydia McKee in 1949. The first meeting of the Student Nurses Association of Georgia was held on February 28, 1953 (GNA Bicentennial Committee Calendar 1975).

During the 1950's, the way public health nursing services were delivered changed from an individual nurse serving a whole geographic area, to a team of nurses, providing services to program areas. More and different training was needed. On January 4, 1951, U.S. Representative Frances Payne Bolton introduced the Nurse Training Act in Congress.

In 1955, Section 301 of the Public Health Service Act provided support for nursing research. In 1956, the Health Amendments Act was passed. This legislation had three authorities: funding practical nurse education; supporting advanced training for public health nurses; and allocating money through the Professional Nurse Traineeship Program for nurses to become teachers, supervisors, and nursing service administrators (U.S. Public Health Service 1996). On March 31, 1959, the Future Nurses Clubs in Georgia Public Schools were chartered.

The Georgia Public Health Cancer Program in the early 1950's gave limited financial aid to medically indigent cancer patients for cancer treatment. About 4000 patients received cancer state aid. The state paid for in-patient and outpatient cancer treatment in participating hospitals.

In the early 1950's, the state, through the Cardiovascular Disease Control Program, became a partner in providing cardiac clinical services to children with congenital and rheumatic heart disease in densely populated areas of the state. The state provided the equipment; the local health





department provided the space; and public health nurses and private physicians gave their time as a service to the American Heart Association, Georgia Division. The Crippled Children Program, which was transferred from the State Department of Public Welfare to the Georgia Department of Public Health in 1951, added a cardiac clinic in the early 1960's. Elk's Aidmore Hospital in Atlanta provided clinic space for this and other Crippled Children Clinics.

In 1953, the Department of Public Health began to license nursing homes, recognizing a need which had been developing for some time – care for the aging. This period marked the beginning of a tremendous increase in nursing home beds due to the breakdown of the extended family. Public health nurses inspected nursing homes and investigated complaints from family members and the community regarding care. Environmentalists inspected the nursing homes for health and safety.

*Public health nurses
inspected nursing homes
and investigated complaints
from family members
and the community
regarding care.*



The Sixties (1960–1969)

by Jane McCombs, RN, MN

The 1960's ushered in the Great Society programs in public health. Services were decentralized to make them more accessible. In the sixties, care for mental health, mental retardation, and substance abuse became a part of public health services.

September of 1966 was a great time of celebration for public health and public health nursing in Georgia. When Towns County Health Department opened, for the first time ever there was at least one public health nurse in each of the 159 counties (*Nursing Reports to You: A Biennium Report of the Georgia Department of Public Health*. 1967–1968, 1).

In April of 1959, Milledgeville State Hospital was transferred to the Department of Public Health. In July of 1960, Gracewood State Hospital for the mentally retarded and developmentally disabled, and the Georgian Clinic and its Chatham Clinic, treatment centers for alcoholism, were added to the department. This presented new challenges to both public health nurses and to the department. The Nursing Services reorganized to provide a system of coordination for effective leadership and service both in institutional and community nursing (*An Assessment: Nursing Manpower in the Georgia Department of Public Health 1960–1970 with Implications for the Future* 1971, 1).

During the decade of the 60's, the number of programs with nursing as a basic service increased from 11 to 19. This was the result of federal and state legislation. Some of the legislation that affected public health nursing included the following:

- 1963 Maternal and Child Health and Mental Retardation Planning Amendments to Social Security Act
- 1964 Early Periodic Screening, Diagnosis, and Treatment of Children (EPSDT) and the Economic Opportunity Act that established neighborhood health centers





- 1965 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act that expanded maternal and child health programs and gave special project grants for children and youth
- 1966 State legislation to allow for the collection of fees for services in health departments
- 1967 Georgia General Assembly passage of the Family Planning Service Act
- 1967 Regional Medical Programs developed to address heart disease, cancer, and stroke
- 1967 Child Health Act recommending the expansion of the role of the nurse
- 1969 Conforming Amendments to EPSDT, Title V, and Title XIX coordination

During the sixties direct nursing services were intensified to screen and treat children. There was an increased emphasis on direct nursing services to the mentally ill, the retarded, and the chronically ill. The expansion of programs and new services required additional training for public health nurses. In 1962, Mary Hall was the first instructor to go into health departments to provide the didactic and clinical training for public health nurses.

Family planning programs were introduced into the health departments in 1965. An Assessment: Nursing Manpower in the Georgia Department of Public Health 1960–1970 with Implications for the Future, 1971 stated, “family planning programs were introduced and grew rapidly.” The Family Planning Nurse Consultant conducted demonstration clinics in county health departments, utilizing modern methods of family planning. In 1966, 143 health departments had family planning clinics. The 1966 Family Planning Services Acts required the health departments to provide in-service programs in family planning to the staff of the Department of Family and Children Service (*Nursing Reports to You*, 14). “The public health nurse has performed a key role in the planning and implementation of a rapidly expanding statewide family planning program utilizing modern methods of contraception” (Hutcheson and Wright 1966).

There was an increasing need for public health nursing to assume more responsibility for health supervision in well-child conferences. The advent of a pediatric nurse consultant in 1966 helped the department update the knowledge and increase the skills of public health nurses for this responsibility. “In August, 1968, in DeKalb County’s nine health centers, public health nurses began to extend their services to the children of that community through child health nursing conferences, as well as medical child health conferences. In the nursing child health conference, the nurse appraised the child to determine if he/she was developing normally or abnormally. If the nurse was suspicious that a child was developing abnormally, she made a referral to a physician.



People receive preventive health services at a public health clinic.



"The health problems of the rapidly increasing older population have been more sharply focused. Unless we accept institutionalization as the goal for the later years of life, some new directions must be taken by health personnel. Public health nurses as usual are in a key position..."

Whether the development was felt to be normal or abnormal, each child was referred to the physician for a thorough medical examination at least once during infancy and once during the preschool period" (Lord, 333). In Fulton County, the pediatrician who was in charge of child health care conducted more extensive in-service programs for eight nurses at a time. She included in the training the use of the stethoscope and otoscope and provided clinical experiences in Grady Memorial Hospital's out-patient department (Lord).

With the amendment of Title XVIII (Medicare) to the Social Security Act, home health agencies began to develop in Georgia. In 1965, there were two home health agencies in Georgia – Visiting Nurses Association in Metropolitan Atlanta and the Mary MacLean Association in Savannah. In 1966, 13 of the 19 health districts that served 51 counties were certified home health agencies. *Nursing Reports to You—A Biennium Report of the Certified Georgia Department of Public Health* stated "the development of home care for the sick has been painfully slow." Many health department home health agencies closed, and there were only six health department home health agencies by the early 1970's (Jane McCombs, Interview).

In 1960, the Cardiovascular Disease Control Program began the Stroke Rehabilitation Program. In 1962, the department funded a physical therapy position to provide consultation to stroke victims and their families through public health nurses. The public health nurse would follow up with the therapy program developed with the physical therapist, patient, and family. The goal was early ambulating, prevention of complications, and keeping the patient in the community. A Stroke Team consisting of a nurse consultant and physical therapist presented programs to public health nurses in the counties; taught programs in nursing homes and hospitals to emphasize continuity of care; and presented classes in schools of practical nursing in rehabilitation (Land Marks, Video).

In January of 1967, a position of nurse consultant in chronic disease and geriatrics was added to the department to integrate chronic illness and geriatrics into the department's nursing programs. The focus was on diabetes, glaucoma, chronic obstructive pulmonary disease, arthritis, and other chronic illnesses. "The health problems of the rapidly increasing older population have been more sharply focused. Unless we accept institutionalization as the goal for the later years of life, some new directions must be taken by health personnel. Public health nurses as usual are in a key position. As she identifies problems and improves her related nursing skills, she will assist families and communities in caring for the ill or disabled person at home" (Nursing Reports to You, 16).

Two studies provided the foundation for the Stroke and Heart Attack Prevention Program that began in 1973. The first, in the sixties, was the Baldwin County Hypertension Study. The study





was a nationally and internationally acclaimed epidemiological study that identified high blood pressure as a major public health problem and formulated an approach to achieve better blood pressure. The major focus of the program was to test the effectiveness of public health nursing intervention on blood pressure control. A public health nurse followed a study group of hypertensives; private physicians followed a control group. At the end of two years, the blood pressure of both groups were measured. The group followed by the public health nurse achieved better blood pressure control than the group without public health intervention. The second study was the Atlanta Community High Blood Pressure Program in 1972. This study demonstrated the effectiveness of expanding the public health nurse's role in the treatment by protocol or a nurse-managed clinic.



The Seventies (1970–1979)

by Mary Hall, RN, Ph.D.

Public health in the seventies was dominated by two themes – the nurse practitioner movement and an expansion of chronic disease programs.

Public health in the seventies was dominated by two themes – the nurse practitioner movement and an expansion of chronic disease programs. Although each of these had their origin in earlier decades, their prominence during the 1970's was influential in shaping public health nursing during this period.

When the nurse practitioner movement began at the University of Colorado in 1965, it opened a new era for nursing involvement in primary health care (Stanhope & Lancaster, 16). The report "Extending the Scope of Nursing Practice," published in 1971, recommended the use of nurses in extended roles. The Child Health Act of 1967 and the Health Maintenance Act of 1973 gave further impetus to the use of nurses in extended/expanded roles (Clark, 27).

The first nurse practitioner program in Georgia was at the Atlanta Southside Comprehensive Health Center, an Office of Economic Opportunity (OEO) funded health center that was linked to the Atlanta Economic Opportunity Authority and Emory University's School of Medicine. Armenia Williams was the director of this first family health-focused program. The Georgia program was a work-study certificate program funded by OEO and was one of the first two programs established by OEO in 1970. The other one was in New York under the direction of Dr. Barbara Bates.

The Department of Preventive Medicine and Community Health of the Emory University School of Medicine provided the medical faculty support and issued the certificate for the graduates of this program. There were three classes of nurses who completed this one-year certificate program, some of them from outside Georgia (Colorado, Louisiana, Mississippi, and Pennsylvania).

A graduate of the first class, Susan Langdon, worked at the Clarke County Health Department with Dr. Stephen King, medical director, and Heidi Bundschuh, nursing director, as the first nurse practitioner employed by a Georgia health department, beginning in January of 1972.





The Georgia Regional Planning Program through Lucille Dismukes, the Georgia Community Planning Commission through Katherine Pope, and the Georgia Nurses Association through Kathryn Suggs Chance were instrumental in getting acceptance for the OEO program and others that followed it. The OEO program was the stimulus for the formation of the first Joint Practice Committee of the Georgia Nurses Association and the Medical Association of Georgia in 1972 (Armenia Williams, oral report).

In 1972, the Regional Training Center for Family Planning and Women's Health began a family planning nurse practitioner program funded by a federal government Title X grant. This program was administered by the School of Medicine of Emory University. Training was provided for nurses from health departments and other family planning clinics throughout the DHHS Southeastern Region. Dr. Jules S. Terry was the medical director of this initiative. He later became the director of Family Health Services for the Georgia Department of Human Resources, Division of Public Health. Following his death, an annual award, the Jules S. Terry Award, "was established to recognize an individual whose work has contributed to broaden the provision of health services to individuals in Georgia." The recipient of this award is announced at the annual meeting of the Georgia Public Health Association.

In 1974, the Nell Hodgson Woodruff School of Nursing of Emory University began an adult nurse practitioner certificate program under a contract with the Division of Nursing of the United States Public Health Service (USPHS). The program operated through 1977 and provided the basis for the family nurse practitioner program in the Master of Nursing program at Emory. This FNP program has operated continuously since 1978 (Mary Hall, personal experience).

Collaboration between the DHR Division of Public Health and area universities was initiated in 1975 with a contract with Georgia State University to teach the core curriculum (basic skills) to public health nurses in three metro counties. In 1979, the Primary Health Section of the Georgia Division of Public Health received a grant from the Robert Wood Johnson Foundation to prepare family nurse practitioners. The state contracted with the School of Nursing at Emory University to conduct this non-degree certificate program, which was based in Albany, Georgia for two years and then moved to the Emory campus for two more years. Dr. James Crutcher was the director of this program. Dr. Crutcher later became the District Health Director for the Gwinnett/Newton/Rockdale County Health District and acted as the Interim Health Director for numerous health districts throughout the state, prior to his retirement in the early 1990's.

Georgia State University had the other contract with the Robert Wood Johnson Foundation to do a Family Nurse Practitioner certificate program at a site operating out of offices at Berry

Collaboration between the DHR Division of Public Health and area universities was initiated in 1975 with a contract with Georgia State University to teach the core curriculum (basic skills) to public health nurses in three metro counties.





College in Rome, Georgia. The certificate program operated from 1977 until 1982, when it became a master's level Family Nurse Practitioner program located on the Georgia State University campus in downtown Atlanta. The Georgia State University certificate program was designed to meet the needs of north Georgia, and the Emory program was established to serve south Georgia.

Since these early programs, more nurse practitioner programs have opened at other schools, including Georgia Southern University, and the Medical College of Georgia.

Georgia Southern University in Statesboro began its master's level nurse practitioner program in 1981 under the able direction of Charlene Hanson, who has served on many national boards and committees which guide the curricula of nurse practitioner programs throughout the United States (Armenia Williams, oral report).

In addition to the FNP program, the Schools of Nursing and Medicine of Emory University, in conjunction with Grady Memorial Hospital, planned and implemented a Nurse-Midwifery Master of Nursing program in 1977. Elizabeth Sharp, RN, CNM, DrPH, headed both the nurse-midwifery service at Grady and the nurse-midwifery education program at Emory, holding faculty appointments in the Schools of Medicine, Nursing, and Public Health (Elizabeth Sharp, personal communication).

The emergence of nurse practitioner programs almost overshadowed the preparation of community health nurses at the graduate level. However, the graduate program at the School of Nursing at the Medical College of Georgia began its major in community health nursing in 1968 and received National League of Nursing accreditation for the program in December of 1973 (Information from the Department of Community Nursing, Medical College of Georgia). The program has operated continuously since its beginning. The community health nursing major of the Master of Nursing program of Emory University School of Nursing graduated students from 1961 through 1983. The number of applicants declined significantly, however, with the strong interest in nurse practitioner preparation, leading to the closure of the community health major.

A dual degree program began at Emory University in 1977, a program in which students could earn two degrees concurrently in an integrated curriculum – the Master of Nursing and the Master of Community Health (now Master of Public Health). Originally begun for majors in community health nursing, the offering expanded to family nurse practitioner and nurse midwifery majors and is now available to students in any Master of Nursing major (Mary Hall, personal experience).

Additional federal legislation underscored the use of nurse practitioners and provided for reimbursement of services. In 1977, the Rural Health Clinic Services Act funded indirect

Elizabeth Sharp, RN, CNM, DrPH, headed both the midwifery service at Grady and the midwifery education program at Emory, holding faculty appointments in the Schools of Medicine, Nursing, and Public Health.





reimbursement for nurse practitioners in rural health clinics. In 1980, Medicaid amendments to the Social Security Act provided for direct reimbursement to nurse practitioners in rural areas (Stanhope and Lancaster, 15).

In Georgia, the staff of the Child Health Service Section of the Georgia Department of Public Health took the initiative in preparing nurses for extended roles in child health. Beginning in August of 1969, in-service sessions and follow-up consultation were offered in 10 health districts and were expanding to other health districts (Lord, 334). In Fulton County, the pediatrician in charge of child health and the Director of Nursing developed a program patterned after the Denver, Colorado program to prepare selected public health nurses for extended roles in pediatric assessment and practice (Lord, 335 and Wade, Oral History Interview, 56). Nurses in extended roles and nurse practitioners were utilized increasingly in public health clinics.

The emphasis on the prevention and control of chronic diseases gained momentum in Georgia with the appointment of James Alley, MD as head of the Division of Public Health in the newly formed Department of Human Resources in 1972. The Georgia Regional Medical Program, with its emphasis on heart disease, cancer, and stroke, began in 1971 right before the onset of Dr. Alley's tenure. Shortly afterward, in 1972, the expanded role of the public health nurse in heart attack and stroke prevention began.

Under Dr. Alley's leadership, the "cripplers and killers" were identified as Venereal Disease, Cancer, Accidents, Stroke, Infant Mortality, and Heart Disease. A Canadian model of epidemiology, which incorporated lifestyle, biological, environmental, and health resource factors was used to plan strategies for prevention and control of these cripplers and killers.

Georgia's cancer control efforts were enhanced in several ways during the seventies. Carol Steiner, program manager of the Cancer Control Program in the Division of Public Health, Department of Human Resources, reported that in 1974 the division reorganized and brought all cancer control programs together: cancer state aid, cervical cancer screening (through the family planning program), and the cancer registry. In 1975, the state appropriated funds for the cancer registry and contracted with the Medical Association of Georgia for the central registry. Hospitals with cancer registries were partners in this endeavor. From 1975 to 1978, the National Cancer Institute funded cervical cancer screening for older women. The state began funding for cervical cancer screening in 1979 (Jane McCombs' interview with Carol Steiner, 1998).

The emphasis on the prevention and control of chronic diseases gained momentum in Georgia with the appointment of James Alley, MD as head of the Division of Public Health in the newly formed Department of Human Resources in 1972.





Public health nurse performs pediatric assessment.

The Eighties (1980–1989)

by Jane Atkinson Hammett, RN, BSN

The Division of Public Health continued to focus on prevention and control with other program initiatives. In the late seventies, the diabetes program began, as did the pap smear program for high-risk women. These programs, as well as those related to heart disease, stroke, and cancer, were all part of the effort to reduce morbidity and mortality due to chronic diseases and to improve the quality of life for all Georgians.

Ruth Melber, Chief Nurse, stated in her Statistical Report for FY 1982, that, “Nursing personnel are a vital part of the public health care delivery system and constitute the largest group of health care providers.” In 1981, there were 1001 registered nurses and 115 licensed practical nurses employed in public health within the DHR’s Division of Public Health. Of the RNs, 6% had master’s degrees, 29% had baccalaureate degrees, and 65% had associate degrees or diplomas in nursing.

The 1985 Melber Report indicates that there were six health districts with home health services and 15 primary health care locations providing service with certified nurse practitioners.

By the early 1980’s, basic skills courses were underway at Georgia State University. These courses trained nurses in the detailed technical assessment skills necessary to perform comprehensive health assessments on adults and children, safely, legally and effectively in the expanded role of public health nursing service. The public health nursing leaders who dominated the 1980’s were Ruth Melber, Maggie Kline, and Aelise Sockell. This trio administered the Georgia Public Health Office of Nursing.

Dr. Alley was a strong proponent of public health nursing and of having nurses function in the expanded role. During the 1980’s, he introduced several significant models for looking at public health and health services to the community and to individuals. One of these was *Passages, Predictable Mortality Through the Life Stages*. This digest reviewed, discussed, and presented the physiological and psychological events that occur at various life stages. Dr. Alley said the





predictable mortality through the nine life stages gave insight into the life and death realities of contemporary society and its beneficial and deleterious effects. The data collected and presented was of greatest significance when used to help produce change and reduce the mortality level of each life stage.

Through *Passages* and other initiatives to follow, public health and public health nurses began to look more toward the study of health, illness, and death investigations from an epidemiological perspective, exploring the changing disease patterns of the 1980's. Technology had reduced or eliminated many of the infections and communicable diseases that had been major causes of illness and death in the past. It became evident that contemporary causes of illness and death were, for the most part, the result of unhealthy lifestyles.

Other creative initiatives introduced and promoted by Dr. Alley during this decade included: Management by Objectives, the Social Transformation Model, Servant Leadership, the Cripplers and Killers, the Requiem on Violence, and the Dirty Disease Gang (to promote immunizations to children). Major initiatives were also developed that focused on the issues of teenage pregnancy prevention, infant mortality reduction, gun control and violence prevention, and tobacco and smoking reduction. With these initiatives, public health nurses became more involved in the community as well as in the clinic.

State funding for cervical cancer screening began in 1979. In 1985, the Emory University School of Public Health became the contractor for a central cancer registry. In 1987, special Centers for Disease Control (CDC) funding started for the Metropolitan Atlanta Cervical Cancer Study. Also, state tobacco tax money was used to fund the state TB program during this period.

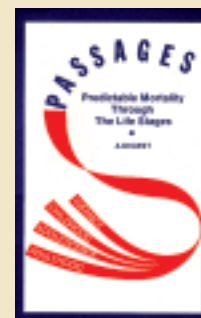
In 1989, House Bill 209 (the Nurse Protocol Law) passed. It amended the Nurse Practice Act, and authorized physicians to delegate "the authority to order dangerous drugs, medical treatments, and diagnostic studies and to dispense drugs by nurse protocol" to public health nurses (O.C.G.A. § Code Sections 26-4-4, 43-26-4, and 43-34-103 Amended Code Section 43-34-26.1 Enacted).

During the 1980's, an increased number of refugees and immigrants from Southeast Asian countries and other parts of the world brought about the need to screen those entering the country for communicable diseases in order to protect the population. An organized refugee screening process was initiated and has expanded as more people from other countries cross our borders (Vietnamese, Cambodians, Russians, Bosnians, Koreans, and others).

Perhaps the single largest new public health issue to emerge during the 1980's was the acquired immunodeficiency syndrome (AIDS). This new public health threat caught the American medical



Public health nurse performs vision screening.



Dr. Alley introduced models for looking at public health and health services to the community. One of the models was described in Passages.



establishment by surprise. Infectious disease treatment had taken a back seat among medical specialties, since its threat was presumed by many to have been eliminated by successful public health programs, education, and improved health conditions and practices. Not since the polio epidemic earlier in the century had there been such a public health crisis as the one caused by AIDS. By the late 1980's, 100,000 cases of AIDS had been diagnosed nationally, and nearly 60,000 people had died. Tuberculosis, essentially unknown to several generations of health care providers, reemerged in vulnerable populations, such as those with AIDS. Public health nurses were called to help with this latest public health crisis.



The Nineties (1990–1999)

by Jane Atkinson Hammett, RN, BSN

As public health nursing moved into the 1990's, new programs and initiatives were added and expanded. Dr. Alley placed a strong emphasis on ethics in public health. Tobacco and smoking reduction initiatives were expanded. Automobile and other safety initiatives became more widely implemented (the use of seat belts, child safety seats, bike helmets, and other injury control measures). Sun exposure prevention education was started. Public health nurses changed with the changing times and with changing programs, services, and activities. More emphasis was placed on the public health nurses' involvement in community collaboratives and initiatives, through inter-agency/community/broad-based task forces and committees, such as Match Committees, Family Connection activities, and teenage pregnancy prevention task forces.

With the continuing increase in AIDS cases, tuberculosis continued to increase during the 1990's. Public health nurses once again began to work with more cases of tuberculosis and the follow-up of contacts and suspects. Supervised tuberculosis drug therapy, Directly Observed Therapy (DOT), especially with children and high-risk cases, required more nursing time, including a return to individual patients' homes. The Ryan White program was implemented to provide nursing, medical, dental, and support services to individuals with AIDS and their families.

Cancer detection programs were expanded during the 1990's with the implementation of the BreasTEST and the BreasTEST and MORE programs. As cervical and breast cancer education, community outreach, early detection, and treatment became more and more of a priority, public health nurses once again adapted and became community leaders. They formed partnerships and marketed new, innovative programs.

Tracking, early identification, and case management programs were initiated and expanded during the 1990's. Early Intervention, Babies Can't Wait, Children 1st, Children's Medical Services, Health Check/EPSTD Medicaid screening, Babies Born Healthy, Perinatal Case Management, and Pregnancy Related Services were programs which emerged or changed and expanded during



Public health nurse makes home visit.

Public health nurses changed with the changing times and with changing programs, services, and activities.





Public Health Nursing Leaders representing districts, counties and state offices participated in “The Public Health Nursing Executive of the Future,” held at the Gwinett Marriott, Duluth, Georgia, September 9–12, 1996.

the 1990's. More focus was placed on prevention, health promotion, early identification and intervention, case management, and tracking of progress and outcomes.

Federal Immunization Action Plan grants funded immunization programs in communities in order to raise low immunization levels. Public health nurses worked in partnership with private medical providers, private and public hospitals, community organizations and agencies, and outreach workers to make a significant impact on Georgia immunization levels; this became a model for the nation. Day care center immunization monitoring and school system immunization monitoring and auditing became a part of the public health nurse's role. Development of the Georgia Registry of Immunization Transactions and Services (GRITS) began in order to coordinate immunizations given in health departments with private physician offices, Health Maintenance Organizations (HMOs), hospitals, etc.

Managed care, HMOs, the privatization of health care, and the beginning of results-based budgeting began to place new demands on public health, and thus on the individual public health nurse and public health nursing in general. Excellence in care and the assurance of effectiveness and efficiency became more important. Patient flow analysis to evaluate and ensure efficiency in the clinical setting, and an increasing emphasis on cost accounting and productivity, placed new demands on nurses in both the community and clinical setting. Time studies to account or nursing time spent in various activities became a monthly or quarterly reality for most public health nurses. The conflict between quality and quantity became frustrating for some.

In 1994, the Department of Human Resources Service Cancelable Loan bill passed the General Assembly. Although currently only partially funded, this bill will make the continued education of nurses possible and ensure ongoing improvement and excellence.

Carole (Robinson) Jakeway came to the Division of Public Health Office of Nursing as the Georgia Chief Nurse in December of 1989. In August of 1996, Dr. Lydia McAllister became the first Assistant Chief Nurse.

As the population becomes more diverse, demand grows for the health care system to be more responsive to minorities. Health disparities among minority populations (blacks, Hispanics, Asians, etc.) in areas such as infant mortality rates, hypertension morbidity and mortality, and cancer and diabetes rates, will demand the use of more culturally sensitive approaches. The work force will need to apply knowledge of diverse cultures to the total process of improving the health of our changing population.





Summary of Major Historical Dates and Highlights

by Jane Atkinson Hammett, RN, BSN

- 1760 First public health law in Georgia, the Smallpox Scourge Quarantine Law, was enacted (Abercrombie, 23).
- 1804 First City Board of Health was chartered in Savannah (Abercrombie, 28).
- 1875 Bill was passed by the Georgia Legislature, creating the Georgia Board of Health (Abercrombie, 38).
- 1876 First board of health dissolved because of lack of funding (Abercrombie, 54).
- 1886 Organization of District Nursing Associations was created (Abercrombie).
- 1893 The first organized public health agency in the United States, the Henry Street Settlement in New York City, was founded by Lillian Wald.
- 1898 Public health nursing began in Georgia, in Savannah.
- 1903 Georgia State Legislature created and organized the second State Board of Health. Since TB was a major public health problem at the turn of the century, it was a factor in reestablishing the Board of Health (Abercrombie).
- 1903 Lillian Wald and the Henry Street Settlement in New York City had 18 established nursing service district centers, serving 4500 patients a year. By 1915, Wald and the Settlement had 100 nurses caring for 26,575 patients a year and making 227,000 home visits a year (Georgia Wald-Trek Project, Ann Connor, 1999).
- 1904 The Georgia State Commission on TB was created (Georgia Wald-Trek Project, Ann Connor, 1999).
- 1904 Miss Mary Cavart became the first trained PHN in Georgia. She was trained in New York by Lillian Wald and employed in 1904 by the Atlanta City Mission.
- 1914 The Georgia General Assembly passed the Ellis Health Law (Abercrombie, 97).
- 1914 Glynn County became the first county health department created by law in Georgia.

In 1898, public health nursing began in Georgia, in Savannah.





- 1920 The Georgia Maternal and Child Health Division was organized. Sixteen clinics for the medical examination of children were in operation.
- 1920 The first edition of The Georgia Baby Book was published by the Georgia Department of Public Health.
- 1921 The Sheppard-Towner Law passed Congress. It matched state funds for maternal and infant care (Abercrombie, 106).
- 1922 Georgia hired its first official public health nurse. She was assigned to work on a “healthmobile” for expectant mothers and young children; this was funded by Phi Mu National Sorority (Abercrombie, 107).
- 1923 Public health nursing was organized by the State Board of Health, through the Division of Child Hygiene.
- 1923 The Maternal and Child Health Division engaged the first Negro nurse for state services and assigned her to work among midwives in Atlanta. A donation of \$1200 was received from the Methodist Woman’s Missionary Society of the North Georgia Conference for this purpose (Abercrombie, 107).
- 1924 The Medical Association of Georgia passed a resolution asking the State Board of Health to supervise the practice of midwifery.
- 1928 State Board of Health and its Division of Maternity and Infancy had on its payroll 18 nurses. It was estimated that a total of 173 PHNs were at work in Georgia at that time (Georgia’s Health, Vol. VIII, No. 3).
- 1928 Washington, Worth, and Wayne Counties hired their first PHN. The nurse in Washington County was Sarah Ponder English; in Worth County, Mrs. Warren L. Story; and in Wayne County, Miss Elizabeth McQueen (Georgia’s Health, Vol. VIII, Nos. 6&7).
- 1928 Itinerant nurses were in place in Georgia. “The itinerant nurse has the opportunity to study conditions and to know the people of Georgia from the true Anglo-Saxon mountain people to the coast where the typical Ogeechee Negro is found. It is her privilege and pleasure to meet [the people] and solve the problems in each section she visits. One of the most interesting phases of her work is finding and teaching the midwife so that she may comply with the laws of registration for midwifery. Here the instruction must be made simple enough so that the most illiterate and superstitious woman in her crude way of





understanding may know what is required of her to meet any emergency so that she may be licensed to 'Ketch Babies.' Instructing midwives is an opportunity to help the little rural mother and baby that is depending on these midwives for their health, sight, and life" (*Georgia's Health*, Vol. IX, No. 2).

1929 During the Depression era, Georgia public health nurses rendered the following services: 89,300 typhoid immunizations; 21,600 diphtheria immunizations; 9,300 smallpox immunizations; 13,000 malaria blood samples drawn; 14,200 hookworm blood samples drawn; and 146,300 home visits (Georgia Wald-Trek Project, Ann Connor, 1999).

1929 Brewers yeast was distributed for the treatment of Pellagra (Abercrombie, 89).

1930 Rosenwald Fund voted in November 1929 to spend \$50,000 during the 1930 calendar year "for demonstrations of the control of venereal diseases in the rural south, in cooperation with the United States Public Health Service and with the state and local authorities." Public Health Service recommended 5 new programs to the Fund to join Scott County, Mississippi. They were Tipton County, Tennessee; Macon County, Alabama; Pitt County, North Carolina; Albermarle County, Virginia; and Glynn County, Georgia. Eunice Rivers, born in 1899 in Jenkin, Georgia served as special scientific assistant in the Tuskegee Study. She enrolled in the Tuskegee Institute in 1918 and switched to the study of nursing her second year (Jones, 109–110).

1933 Almost daily, calls came to the Department of Public Health for assistance with taking care of outbreaks of disease in sparsely settled sections of the state. Diphtheria was prevalent in many parts of the state. Funds to provide help were short. "Nurses to work under local physicians are greatly needed. They could by visiting from house to house in stricken communities be a great assistance to the physician and the people. Lives could be saved, and money spent for their service would be repaid many times over. We need an organization in our rural sections for some three or four counties, with one physician and a nurse in each county to work under his supervision and the order of the local physician. The economic conditions demand that sickness and death be prevented. This can be accomplished only by the right sort of health work" (*Georgia's Health*, Vol. XII, No. 12).

1933 Due to lack of funding, all field nurse positions in Georgia were discontinued on November 1, 1933. *Georgia's Health* reported, "There is scarcely a community in Georgia that has not been visited by these devoted workers. The schools, the local registrars, the physicians, the humble homes, the midwives, all know them. At one time we had under State direction 27 experienced nurses. Because of the withdrawal of funds, and the





expiration of the Sheppard-Towner law, this number year after year has been cut down, until today we have none. It appears to us, who know of their work and can evaluate it in a small measure, that the number should have been increased and their work expanded, so that every county could be given the privilege of having the benefit of their services. We try to be happy and to have a smile on all occasions, but to be perfectly frank, we feel like a good cry is appropriate and perhaps the best thing right now." Fortunately, these nurses were taken over by the Georgia Relief Commission (Georgia's Health 1933, Vol. XIII, No. 10).

1934 Mrs. Abbie Roberts was hired as the first Director of Nursing Services in the State Health Department.

1934 In February, the State Department of Health sponsored a CWA (Civil Works Administration) nursing project to give employment to needy nurses and to provide public health nursing service for the mothers and babies of the rural counties of Georgia. This project was continued under the FERA (Federal Emergency Relief Agency) and was approved as a WPA (Works Progress Administration Project). This project gave employment to some 200 graduate registered nurses. The services rendered by the nurses on this project constituted the only public health service available in 127 counties in Georgia (Georgia's Health, Vol XV, No. 12).

1934 More than 300,000 Georgians were inoculated with the typhoid vaccine. The Georgia Department of Public Health Laboratories manufactured more than 700,000 doses of typhoid vaccine this year, in anticipation of increasing demand (Georgia's Health, Vol. XV, No. 6).

1934 Financial assistance through Social Security Health Funds enabled the establishment of the Public Health Nursing Division in the State Health Department.

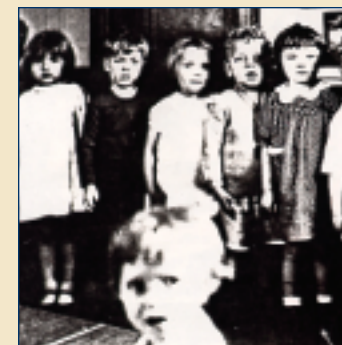
1936 The Georgia Division of Public Health Nursing was established. There were 20 public health nurses in 90 of the 159 counties. Each nurse was responsible for four or five counties, with approximately 50,000 Georgians each (Georgia Wald-Trek Project, Ann Connor, 1999).

1937 For the second year in a row, the Georgia Congress of Parents and Teachers earned the distinction of having made the highest number of immunizations against smallpox and diphtheria of any state in the Union. This honor was presented by the National Congress of Parents and Teachers. Public health nurses administered these vaccines (Georgia's Health 1937, Vol. XVII, No. 6).





- 1938 The percentage of the total live births in Georgia who died before their first birthday was 13.5. One-third of school-age children died. There was a plea for funding and “trained personnel” (Georgia’s Health 1937, Vol. XVII, No. 7).
- 1939 In 1939, financial participation was offered by the state for full-time county nursing service to all counties with a population of less than 14,000. Reorganization of the nursing service was accomplished by a plan for the decentralization of all state health services. Six regions were established, and a consultant nurse was provided to each. The public health nurse was responsible for the supervision of nursing service within the area (Abercrombie, 177).
- 1939 Family Planning activities were first incorporated into the Maternal and Child Health Service program. Counseling and supplies of traditional methods were made available to women in some county health departments.
- 1940 Polio epidemic necessitated that public health nurses devote extensive activities to polio control. Special instruction in the care of polio cases was given to public health nurses, and over 700 cases were cared for (Abercrombie, 178).
- 1941 Public health nursing service was established in Gwinnett County with the appointment of Miss Adele Thaxton and Miss Electra Kimbrough, and in Jackson County with the appointment of Mrs. Edith Hull (Georgia’s Health 1941, Vol. XXI, No. 4).
- 1941 President Franklin D. Roosevelt names May 1 Child Health Day. On April 7, he proclaimed May 1 “Child Health Day.” In his proclamation he called on citizens “to review the extent to which they are providing for children nutritious food, healthful recreation, protective health supervision and adequate medical care.” He said, “The people should plan how such protection can be extended to all of our children” (Georgia’s Health 1941, Vol. XXI, No. 4).
- 1942 Fifty-nine counties had county health departments (Abercrombie, 178).
- 1942 One hundred and twenty one of the 159 counties had some level of full-time public health nursing service (Georgia Wald-Trek Project, Ann Connor, 1999).
- 1943 The nursing service began to feel the impact of war conditions. There were many new demands on public health nurses, due to the shifting of population with serious overcrowding in areas where military camps and war industries were located; and increase in the birthrate; overcrowded hospitals with early dismissal of patients; the withdrawal



Oral polio vaccine being administered to children.



Many public health nurses,
as well as private duty
nurses, joined the armed
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of doctors to military service; the urgent need to control venereal diseases; and the importance of reducing absenteeism in the industry due to illness (Abercrombie, 178).

- 1943 Many public health nurses, as well as private duty nurses, joined the armed forces. A serious shortage of nursing service developed. Efforts were made to increase the supply of nurses by establishing a Cadet Nursing Corps. Under this arrangement, applications for training in hospitals throughout the country increased (Abercrombie, 178).
- 1944 Forty three counties were without nursing service (Abercrombie, 178).
- 1945 There were 125 vacancies for nurses in Georgia (Abercrombe, 178).
- 1946 Recruitment was stepped up and the opportunities for scholarships to prepare nurses for the public health field were presented at every opportunity. Fifty-two nurses received training in public health (Abercrombie, 178).
- 1947 There were 408 public health nurses in the state of Georgia. These nurses included those employed in "public health" outside the Division of Public Health, such as in industry, schools, the Red Cross and insurance companies (Georgia Wald-Trek Project, Ann Connor, 1999).
- 1946 Miss Hannah Mitchell came to Georgia from Columbia University to establish a demonstration nurse midwife program for the state, a program in which three types of nurse-midwives were trained: for home service, for maternity shelters, and for county hospitals. She was the technical advisor for a documentary film ("All My Babies") about nurse midwifery in Georgia. It won the Flaherty Award. Early in her career, Miss Mitchell was a nurse on horseback with the Frontier Nursing Service in Kentucky. She rode horseback over rugged terrain to bring nursing and midwifery care to the unique hills folk. Miss Mitchell made other significant contributions to Public Health Nursing in Georgia, including assisting Mrs. Nell Smith with the publication of the Mother and Baby Book, which was used throughout Georgia for many years (*Facts About Georgia Public Health Workers* June 1967, Vol. XV, No. 6).
- 1948 The census of Public Health Nurses showed a total of 408, compared to 362 at the end of 1947. There were also about 140 industrial nurses. There were 113 vacancies in public health nursing positions that were funded. These included the position of Assistant Director, local supervisors, and staff nurses (Abercrombie, 178).
- 1949 The Visiting Nurse Association in Georgia was started by Lydia McKee.





- 1949 A training program for graduate nurses interested in the specialized care of premature infants was established at Crawford W. Long Hospital in Atlanta, in cooperation with the State Health Department (*Georgia's Health* 1949, Vol. XXIX, No. 1).
- 1951 U.S. Representative Frances Payne Bolton introduced the Nurse Training Act into Congress.
- 1952 Mrs. Bessie Swan became the first public health nurse and the first woman to become President of the Georgia Public Health Association (*Facts About Georgia Public Health Workers* 1952, Vol. I, No. 3). Known most affectionately as "Bessie," Mrs. Swan retired from Public Health, as the Coordinator of Nursing Services, Local Health Branch, with 20 years of service in February of 1963 (*Facts About Georgia Public Health Workers* January 1964, Vol. XII, No. 1).
- 1952 Lt. Gwen Dekle (formerly an industrial hygiene nurse with the State Health Department) now with the USNR provides public health nursing services in Yokosuka Japan and issues a plea for American elementary school text books (*Facts About Georgia Public Health Workers*, Vol. I, No. 3).
- 1953 The Georgia Department of Public Health, in cooperation with the Milledgeville State Hospital (the only state mental hospital in Georgia at that time), initiated a program of public health nursing services to the mentally ill. It was designed to serve the families of the mentally ill and to provide partial follow-up services for the patients. It began as a pilot project in six small rural counties in the central part of Georgia, with two larger urban counties added the next year. At the end of the second year, 1955, an evaluation was done, and this service was made a part of the generalized public health nursing program in the state (*The American Journal of Psychiatry*, Vol. CXVI, No. IX).
- 1954 The first meeting of the Student Nurses Association of Georgia was held on February 28, 1953.
- 1955 Section 301 of the Public Health Service Act provided support for nursing research.
- 1956 The Health Amendments Act passed. This legislation had three authorities: funding practical nurse education; supporting advanced training for public health nurses; and allocating money through the Professional Nurse Traineeship Program for nurses to become teachers, supervisors, and nursing administrators (U.S. Public Health Service, 1966).
- 1957 Georgia Public Health Building on Trinity Avenue in Atlanta begins construction.





Several Georgia public health nurses returned to college for academic training, on health department scholarships.

- 1957 “A group of homemakers of the Sue Reynolds community in Richmond County requested that Mrs. Alberta Wilson, public health nurse serving that area, teach them how to better feed their families. The group leaders, the public health nurse, and the nutritionist met to determine the nutritional needs of the group and the subjects, which they wanted to know more about. The group leaders felt that the greatest need was telling them which foods to buy and explaining how to prepare them. They decided to hold a series of six weekly one-hour classes that consisted of lectures, demonstrations, discussions, and visual aids” (*Facts About Georgia Public Health Workers* 1958, Vol. VII, nos. 7, 8).
- 1958 Several Georgia Public Health Nurses returned to college for academic training, on health department scholarships. Mrs. Martha P. Cole from Muscogee County went to the University of Michigan. Mrs. Atha S. Bledsoe from Johnson County and Mrs. Kathleen B. Bozardt from Habersham County went to the University of North Carolina. Peabody College in Nashville welcomed Mrs. Anna M. Gentry from Fulton County and Mrs. Myrtle F. Tomlin, district director of Public Health Nursing for Bibb, Jones, and Twiggs Counties. Miss Katharine Akin, associate director of Public Health Nursing in Atlanta, went to Harvard (*Facts About Georgia Public Health Workers* 1957, Vol. VI, No. 12).
- 1959 The Future Nurses Clubs in Georgia public schools were chartered.
- 1959 “The eternal struggle of the individual against the organization results in interesting outcroppings from time to time. This time, the nurses in the health department in Rabun County showed their manifestations of a new form of ‘mental illness’ brought about by the unrelenting pressure of the coding system for reporting of their daily activities. They submitted a poem, entitled ‘Mental Hygiene Code,’ pointing out that it is in sympathy with all public health nurses and clerks, Martha Thomas, Rabun County in particular. Here it goes: ‘Cases of Mental Illness, In Health Department staffs, are growing daily over the State. They cause no gleeful laughs. It’s serious business we must say – to code we have to frown. It’s so complicated and confusing, it’s getting everybody down!’” (*Facts About Georgia Public Health Workers* 1959 Vol. VII, No. 12).
- 1961 “Quick thinking by Mrs. Ima W. Gheesling, public health nurse, Greene County Health Department, recently meant saving the lives of an expectant mother and her baby. Approximately 5 days before the mother was expected to deliver, Mrs. Gheesling recognized signs of possible tularemia in the mother. She immediately made arrangements for hospitalization, and assisted the local physician in getting diagnostic blood studies. In spite of a very high fever and drenching sweats, the mother delivered a normal, healthy





baby at the peak of her illness. She subsequently recovered without incident, and she and her baby are reported doing fine. Nurse Gheesling's diagnosis was substantiated when it was later discovered that the mother had recently pierced her finger with a rabbit bone while skinning the animal" (*Facts About Georgia Public Health Workers* 1961, Vol. X, No. 8).

1961 Members of the Forsyth Junior Chamber of Commerce sponsored four polio clinics in which 1020 shots were given. The Jaycees and Jaycettes handled the registration at the clinics, and nurses from the county helped Mrs. Grace Palmour, public health nurse, give the shots. Clinics were held at the health department in Cumming. The health department staff and the county board of health expressed appreciation to this civic group for their help in protecting the health of the people in their county (*Facts About Georgia Public Health Workers* Nov. 1961).

1961 "Things got pretty exciting at the December prenatal clinic at the Baker County Health Department in Newton. Mrs. Nancy E. Kemp, public health nurse, and Mrs. Katherine M. West, clerk, delivered a baby girl weighing 7 pounds, 2 ounces when one of the mothers attending the clinic decided her time had come and the doctor working in the clinic that day had not arrived. With the true calm of seasoned public health workers, Mrs. Kemp and Mrs. West delivered the healthy baby unassisted" (*Facts About Georgia Public Health Workers* Nov. 1961).

1961 Miss Elsie Crosby, associate director, public health nursing service, State Health Department, retired June 1 after 29 years of service in the Georgia public health program. Among her many contributions to public health in Georgia, Miss Crosby was largely responsible for the establishment of field training centers for public health nursing students in Glynn, Tift, Thomas, and Fulton counties (*Facts About Georgia Public Health Workers* July 1961).

1962 The Whitfield County Health Department, Dalton, in cooperation with community agencies and organizations launched a five-year project designed to take nursing care and other services into the homes of the chronically ill and aged upon recommendation of the family physician. Cooperative financing came from the local and state health departments and the U.S. Public Health Service. The primary purpose was to enable individuals who did not actually need to be institutionalized to be cared for in their own homes. Preventive aspects of home service were studied, as well as actual care and treatment of the sick and disabled. Other than the home, the only facilities available for the care of the people of Whitfield County were a 73-bed approved hospital and two nursing homes with 55 beds; neither of these was fully licensed (*Facts About Georgia Public Health Workers* Feb. March 1962).





“As we work toward continued improvement of Georgia’s mental health program, we recognize the importance of fully utilizing assets we already have. The public health nurse, already hard at work in every community in Georgia, is a strong existing asset.”

1962 Dorothy Barfield, former district director of public health nursing in District 16, Dalton, became Chief of Nursing Services for the State Health Department’s Physical Health Division. According to Facts About Georgia Public Health Workers, “The Public Health Nursing Service of the State Health Department has been reorganized to provide for coordination of nursing services throughout the State Department, both in its local health departments and in its institutions. Miss Katherine Akin became Senior Coordinator of Nursing, to work alongside Miss. Barfield. Dorothy Barfield was GPHA president in 1963 (*Facts About Georgia Public Health Workers*, Vol. XI, No. 1).

1962 County boards of health were established in each county in Georgia, by order of Georgia Law O. C. G. A. § 31-3-1.

1963 In 1962, The University System of Georgia, the State Department of Education, and the State Health Department entered into an official understanding to support a comprehensive study of the problem of the shortage of registered nurses and other professional personnel in the health-related sciences. A report was released, with documented figures and facts gathered from hospitals, public health agencies, and others. The study gave information on the extent of the need for such personnel and indicated the scope of the recruitment and training programs that must be developed to provide the people of Georgia with adequate health-related services (*Facts About Georgia Public Health Workers*, Vol. XII, No. 4, April 1963).

1964 Mrs. Rose L. Cashman (later Dilday) accepted appointment as mental health nurse consultant, Division of Mental Health, State Health Department. She planned the project that drew up guidelines for Georgia’s program of care for the mentally ill. Prior to assuming these duties, she was mental health consultant to the New York State Department of Mental Hygiene for seven years. In announcing the appointment, Dr. Addison Duval, Director of Mental Health, said, “As we work toward continued improvement of Georgia’s mental health program, we recognize the importance of fully utilizing assets we already have. The public health nurse, already hard at work in every community in Georgia, is a strong existing asset” (*Facts About Georgia Public Health Workers* Feb., March 1964).

1965 Beazie Hayes was appointed Director of Nursing for the Mental Health Institute in Atlanta effective, March 1, 1965. A Georgia native from Cordele, she returned to Georgia to start this position from Western Reserve University, Cleveland, Ohio, where she was Assistant Professor in Psychiatric Nursing. Prior to that, she had been Associate Professor in Psychiatric Nursing for four years at Emory University (*Facts About Georgia Public Health Workers* March 1965).





- 1965 “Mrs. Catherine Brown, nurse in the Hall County Health Department, Gainesville, was recently given a vote of confidence and respect by her fellow public health nurses. She has been with the health department for 17 years. In the future, in addition to her duties as a staff nurse, she will have greater responsibility and more importantly coordinating activities in the health department. This was done by unanimous vote of the other nurses. Dr. H.H. Lancaster, district director of public health ... stated that the action ‘denotes a willingness on the part of the staff nurses to select without prejudice the nurse best qualified for a job. Her acceptance at the local level and by the state department is complimentary for the quality of the work she has done’” (*Facts About Georgia Public Health Workers* June 1965).
- 1965 “The School of Nursing, Medical College of Georgia, cooperating with the State of Georgia, Department of Public Health and the Georgia Nursing Home Association has planned a short course for Supervisors and Directors of Nursing Service in nursing homes, to be held at the Fulton County Health Department in February and March 1966.” The School of Nursing was awarded a Traineeship Grant from the Division of Nursing, Public Health Service, U.S. Department of Health, Education, and Welfare, to cover the fees (*Facts About Georgia Public Health Workers* Dec. 1965).
- 1965 All 159 counties in Georgia had a County Board of Health, and there was at least one public health nurse in every county in the state.
- 1965 In June of 1965, the State Health Department made intrauterine devices and oral contraceptives available to county health departments. The Family Planning Program greatly expanded (Public Health Nursing in a Family Planning Program, a paper by Hazel Ann Hutcheson and Nicholas H. Wright, December 1966).
- 1965 Titles XVIII and XIX of the Social Security Act passed, creating Medicare and Medicaid.
- 1967 Miss Hannah Mitchell, coordinator of nursing services, Health Conservation Branch, State Health Department, was cited in the January 1967 issue of American Journal of Nursing for the success of her dialogue on family planning. “How Do I Talk? – Family Planning” was originally presented before a joint session of the Maternal and Child Health and Medical Care Sections of the American Public Health Association in 1965, and was printed in the American Journal of Public Health in May 1966. It has been a cornerstone of family planning programs throughout Georgia (*Facts About Georgia Public Health Workers*, Vol. XV, No. 2, February 1967).
- 1967 Ruth Melber joined the State Health Department as Coordinator of Nursing Services,



In 1968, Medicaid brought about the creation of the “expanded role of public health nurses” in Child Health.



- with the Health Conservation Branch (*Facts About Georgia Public Health Workers* 1967, Vol. XV, No. 7).
- 1968** Medicaid brought about the creation of the “expanded role of public health nurses” in Child Health.
- 1968** “Teamwork and calm efficiency tempered by a touch of warm understanding were the keys to a highly successful End Measles Campaign in Dekalb County February 26 – March 9.” The Dekalb End Measles Campaign was a part of the metropolitan Atlanta campaign sponsored by the Greater Atlanta Pediatric Society. The goal was to vaccinate preschoolers and those in the first and second grades who had not had the red measles or measles shot. Clinics were held in all public schools in the county as well as the private schools that requested it. Mass clinics were also held at all 11 high schools in the county (*Facts About Georgia Public Health Workers* 1968, Vol. XVI, No. 3).
- 1969** Clay County, one of Georgia’s least populated counties, is one of the largest in conducting a successful family planning program. In ceremonies held in Fort Gaines in September, Clay County was recognized as the number one county in the state for percentage of patients actively served and for continuing participation in family planning services. The success of family planning in Clay county, according to Dr. Albert K. Schoenbucher, director of the State Health Department’s Maternal Health Service, proves that, with a concerted effort led by local doctors, the needs can be met. The family planning goal in all Georgia counties is to assure every mother the right to have the number of children she wants, when she wants them” (*Facts About People in Georgia Public Health*, Vol. XVII, No. 11, November 1969).
- 1969** Dorothy Conroy, long-time dedicated nurse with the state’s Crippled Children’s Service, died in June 1969. Her friends decided to do something special in her memory, for her beloved crippled children. The Dorothy Conroy Memorial Fund was created. Its purpose was to meet a very real need in improving dental care for “Dorothy’s children.” The fund aided in enlarging and renovating the Elks Aidmore dental clinic, so that additional services could be provided and the clinic could be staffed by Emory dental students four days a week rather than two (*Facts About People in Georgia Public Health*, Vol. XVII, No. 7, July 1969).
- 1970** “Mrs. Roberta Spencer, public health nurse in Chatham county, retired last night. Mrs. Spencer has been employed by the Mary MacLean VNA since 1926” (*Facts About Georgia Public Health Workers* May 1970).





- 1970 “Miss Patricia Cannon, District Director of Public Health Nursing for District 37, retired this month after 41 years in the field of public health. Miss Cannon joined the Chatham County Health Department in 1946 and was named Director of Nursing three years later. She was also directly responsible for the Mary MacLean VNA at the health department” (*Facts About Georgia Public Health Workers* July 1970).
- 1970 Nurse practitioners began working in public health programs.
- 1971 The role of public health nurses in chronic disease treatment expanded.
- 1971 “Contrary to popular belief, midwifery is not passing from the scene. It is very much with us according to Mrs. Vivian Ellis, chairman of the Nursing Section. Dr. Elizabeth Sharp, director of the Nurse-Midwife Program at Grady Memorial Hospital, is one of three featured speakers planned for the Nursing Section Meeting.” (GPHA Newsletter, Spring 1971).
- 1972 “With an assignment to actively involve the state’s 11,000-plus practicing nurses in Georgia’s health care delivery system, Miss Katherine Pope of Atlanta has been named to head the new Statewide Master Planning Committee for Nursing and Nursing Education. Announced by Dr. Eugene Gillespie, Human Resources’ comprehensive health planning chief, the appointment is part of a strong effort to bring the state’s nurses into the mainstream of the human service delivery system, envisioned as the overall thrust of the new Human Resources Department. As project director, Miss Pope will coordinate the activities of 39 professional and lay members of the committee in planning activities which will involve nurses working in non-official capacities, as well as those in governmental service. Committee members were named by Gov. Carter. Miss Pope is a native of Villa Rica and has a diploma in nursing from Grady Memorial Hospital and a BS in Nursing from the Medical College of Georgia. She has served as executive director of the Georgia State Nurses Association and Director of Nursing Services at Atlanta’s Crawford W. Long Hospital” (*The People in the Georgia Department of Human Resources* Vol. I, No. 6, October 1972).
- 1972 Governor Jimmy Carter signed into law House Bill 1424, the reorganization bill, which provided for, among other things, the creation of a Board of Human Resources. J. Battle Hall was named acting commissioner of the newly created Department. Dr. John Venable was named acting director of the Division of Public Health (*Facts About People in Georgia Public Health*, Vol. XX, No. 4, April 1972).



Helen Smith and Dorothy Barfield.





In 1977, the Robert Wood Johnson Foundation of Princeton, New Jersey, awarded the Georgia Department of Human Resources a grant for \$73,753 to plan primary health care services for rural communities.

1972 “A Public Health Nurse with a strong commitment to her community and a casework supervisor, with an equally strong commitment to her profession are ‘getting it all together’ for the people of Douglas County. The result of their close cooperation is a unique delivery system for health care and social services that their peers may be called upon to emulate in county offices across the state, under the newly created Georgia Department of Human Resources.” The article tells about Mary Taryla, public health nurse, and Sandra Prince, social worker with the Division of Family and Children Services, two women working together on behalf of common clients (People in the Georgia Department of Human Resources, Vol. I, No. 1, May 1972).

1972 “Miss Helen M. Smith, coordinator of nurse training for the past decade, retired from the State Health Department on June 30, after some 23 years of service. The Rockford, Illinois native joined the department in 1949 as a public health nurse consultant, and was quickly promoted to associate director, Nursing Services. Miss Smith received her RN from the Children’s Hospital of Michigan in Detroit, a BS from Wayne University in Detroit, and a MPH from the University of North Carolina” (People in the Georgia Department of Human Resources, Vol. I, No. 3, July 1972).

1975 Myrtle F. Tomlin was President of GPHA.

1977 The Robert Wood Johnson Foundation of Princeton, New Jersey, awarded the Georgia Department of Human Resources a grant for \$73,753 to plan primary health care services for rural communities (The Commissioner’s Report, November 1977, Vol. V, No. 11).

1978 The Robert Wood Johnson Foundation awarded DHR a \$615,781 grant for continued support of primary health care services in the state, to develop additional primary health care centers, and to train 45 public health nurses as family nurse practitioners (The Commissioner’s Report, May 1979, Vol. VII, No. 5).

1979 The first class of Nurse Practitioners graduated. Twelve students graduated on September 22 from the first class of Nurse Practitioners in Albany, Georgia. Following their graduation, these nurses returned to their homes in rural areas in the state to function in an expanded role in primary health care centers and public health departments (The Commissioner’s Report, October 1980, Vol. VIII, No. 10).

1979 Laura E. Bramblett, Public Health Nurse from Gwinnett County, was elected President of GPHA.





1982 Myrl Chitwood Mallory received her RN at Georgia Baptist School of Nursing in 1945 and immediately joined the US Navy Nurse Corps. At St. Albans in New York, she nursed injured sailors who had served in the Pacific until 1946 when she returned to her hometown of Thomaston, Georgia. She was hired as the public health nurse ("County Nurse") for Upson County after agreeing to the terms – 24 hours a day, 7 days a week, and a salary of \$135 per month. Because at that time the nearest hospital was 30 miles away, she and the County Doctor were the primary medical caregivers for the county.

In the late 1940's and 1950's, some of her duties included:

- overseeing 9 state-certified midwives and visiting each new baby within 24 hours of birth. Wooden incubators heated by hot water were provided to parents of premature babies.
- seeking care for the mentally ill and transporting them to the State Mental Hospital at Milledgeville.
- visiting, along with the County Doctor, 42 schools each year to immunize students against typhoid and smallpox. She observed, "We went in the front door and the frightened children flew out the windows and the back door."
- transporting crippled children to Dr. Jack Hughston's small clinic in Columbus and polio patients to Warm Springs.
- visiting mentally challenged children in their homes and supporting the parents who cared for them, before special education programs were available.
- delivering yeast to pelagra patients all across rural Upson County, as a supplement to their poor diets which had caused the disease.
- issuing quarantine notices to tuberculosis patients and supervising their home- based care.
- providing basic health care, including treatment for such common ailments as hookworm, tapeworm, round worms and pinworms.

Mrs. Mallory retired from the Health Department in 1982 and was appointed to the Board of Health in 1984. She was selected to be an Olympic torchbearer in 1996, a fitting tribute for one who has carried the torch for the poor, elderly and disabled of Upson County for a lifetime.





In 1989, the Nurse Protocol Law was passed.

- 1986 Dee Cantrell became the first Georgia Public Health Nurse to receive a doctorate degree. She graduated from Auburn University with a Doctorate in Community in December 1986. At that time she was District Clinical Coordinator in the Columbus Health District. Dee later became the Columbus District Health Program Manager in 1996. She was the recipient of the GPHA Barfield Award in 1993 and 1999, and the recipient of the Jules S. Terry Award in 1999. Dee was president of the GPHA in 1996.
- 1988 Audrey Hollingsworth was President of GPHA.
- 1989 House Bill 209 (Nurse Protocol Law) was passed.
- 1989 Carole Robinson became the Chief Nurse of Public Health in Georgia.
- 1990 Public Health Nurses were now able to provide health services and bill Medicaid through “clinic option” billing, later renamed Diagnostic, Screening and Preventive Services.
- 1992 Jane Carr was President of GPHA.
- 1993 “Mrs. Virginia Hewlett Johnson, 88, died Wednesday after a short illness. She entered the field of public health and joined the staff of Mary MacLean Visiting Nurses Association in conjunction with the Health Department of Savannah. Included in her duties, was assisting in the organization and operation of the first clinic in Savannah for the detection and treatment of syphilis. This clinic was founded and operated by the late Dr. John S. Howkins and funded by the Health Department. In 1930, she was selected, from the staff, by the state Department of Public Health to join the staff of the first organized public health program in rural counties in Georgia to provide health care and promote the establishment of county health departments. The state was divided into districts and she was assigned to the Divisional State Health Department with headquarters in Swainsboro. She was the public health nursing supervisor and held this position for 12 years. She received recognition for her formulated schedule for public health activities in a single rural county” (*Savannah Evening Press* Obituaries, Friday, August 6, 1993).
- 1994 Margaret Bean, Rome District Clinical Coordinator, was President of GPHA.
- 1994 DHR Service Cancelable Loan law was passed; this authorized tuition support for Public Health Nurses who wanted to pursue formal education and higher degrees.
- 1994 The Georgia General Assembly approved the proposal to increase salaries for all nursing positions. Prior to this, a group of 13 nurses (12 public health nurses and a mental health





nurse) gave testimony at the House Appropriations Committee. Each nurse gave a two-minute presentation on the importance of her nursing practice and how it contributed to the community's health status. Each nurse highlighted at least one of the many populations served.

1995 “Mrs. Martha Elizabeth Wright Peek died Sunday at the Medical Center of Central Georgia. She began her career as a public health nurse in Dade County in the 1930’s, often riding on horseback to visit patients in rural areas. Mrs. Peek also served as ‘county nurse’ in Polk, Douglas, and Gordon counties before retiring in 1972. A 1933 graduate of Georgia Baptist School of Nursing, she worked during an era when public health nursing duties included ‘a lot of welfare work, seeing that families had clothing and food,’ and, occasionally, serving as a midwife, said her daughter Nancy Peek of Tucker. The last child she delivered, in 1962 in Douglas County, was perhaps the most memorable, said Miss Peek. ‘Mama happened to be out there to take some food to the family. It was in the middle of July and she delivered the woman’s 28th baby,’ she said. But the daily routine of a public health nurse was more likely to include giving immunizations and vision and hearing tests to school children. Her mother had a ‘real ability’ for dealing with people who were being transported to the state mental hospital in Milledgeville, Miss Peek said. And she worked hard to see that tuberculosis patients were placed in care facilities during the time when TB ‘was rampant’” (*The Atlanta Journal /The Atlanta Constitution*, August 3, 1995).

1996 Dee Cantrell, Columbus District Program Manager, was elected President of GPHA.

1996 Lydia McAllister became the first Assistant Chief Nurse for Public Health.

1996 The first annual Public Health Nursing Summit was convened by the State Office of Nursing. District and local public health nurses, academic partners from the schools of nursing, and other nurse leadership groups participated.

1997 The Office of Nursing convened the first meeting of the Public Health Nursing Council. Council membership was comprised primarily of front-line public health nurses, but also included nurse managers and nurses from district and state offices. The purpose of the Council is to maximize the expertise of practicing public health nurses throughout Georgia in addressing issues and trends that impact the preparation, policy and practice of public health nursing. The Council develops and promotes best practices and models of excellence that contribute to the improvement of health status. The council was structured in accordance with principles of shared governance and organized into the following three



Public Health Nursing Education and Practice Summit, held at Red Top Mountain, Georgia, September 29-30, 1999. This summit approved the plans to conduct the pilot population health online course for public health nurses at Brenau University.





sub-councils: Policy/Practice, Capacity Building and Research/Outcomes. Products developed by the Council are reviewed by the Public Health Nursing Executive Leadership Group, the Office of Nursing and the Division for approval and implementation.

1997 Linda Johnston, Public Health Supervisor with the Stewart County Health Department in Lumpkin, writes, “I think my favorite client recently was a 12-year old child. I have been treating his mother daily for two years for a chronic illness. She’s been really sick and has not had a lot of time to take up with her children. On numerous occasions, when I would see the mother, this child would be at home because he was suspended from school. We began talking and I picked up that he had very low self-esteem. The more I went to their home, the more he opened up to me. I found out he had a very natural talent of being able to draw. He would draw things for me on any kind of paper or grocery bags. They were really good, so I bought him some art supplies for his drawings. He began to feel a little better about himself and his grades began to pick up. Now when I come to his house, he runs out to meet me and brings me something he has done. He is working now on several pictures of nature scenes for our new health department. We’re planning to put up a little art gallery on our wall as you come in, so our clients can enjoy his talent, too. His grades are better in school this year and he is playing football. So, I hope I’ve made an impact on his life. When he’s a commercial artist, making heaps of money, I hope he remembers the little ole public health nurse from Stewart County” (The Human Side, Fall 1997).

1998 “There was never a question that Merle Kennon Lott of Palmetto, 88, would have a career. ‘All the women are very strong in our family, even back to my great-great grandmother,’ said Mrs. Lott’s niece, Marie Nygren. ‘The women were the ones who always ran the businesses.’ Mrs. Lott, who became a nurse in 1933, was a public health nurse for 30 years, 25 of which she spent in DeKalb County before her retirement in 1977. ‘She just always saw to it that women were always, and she was raised with this, on equal par with men,’ Ms. Nygren said. With a master’s degree in public health that she received from Tulane University in 1958, Mrs. Lott became a leader in her field. ‘She headed the state’s public health nursing association and served on committees of the international association,’ said Rowanne Ligon of Decatur, Mrs. Lott’s successor. ‘She was instrumental in family-centered public health nursing, looking at the family as a whole, a common approach used today.’ In 1953, Mrs. Lott received a grant to study community health in Britain for three months and shared much of what she learned with other public health nurses in Georgia. ‘Some of her great skills were in leadership and motivation. She stressed continuing education and keeping the staff up-to-date, that’s the way she accomplished so much – her





well-trained, qualified staff.’ Beginning in the 1940’s, Mrs. Lott would buy dilapidated houses, oversee their renovation and sell them. She invested her profits in the stock market. ‘She made amazing investments. She bought lots of Coke,’ said Ms. Nygren. From her shrewd investing, Mrs. Lott helped finance the Atlanta landmark restaurant Mary Mac’s Tea Room. Mary Mac’s owner, the late Margaret Lupo, was Mrs. Lott’s sister, and Ms. Nygren’s mother. A lover of the arts, Mrs. Lott traveled the world and immersed herself in art, classical music, and museums. She was a part of a study group of intellectuals who researched and wrote papers on a range of topics for presentation to the group, said Ms. Nygren.’ In lieu of flowers the family requests that contributions be made to the Merle Lott Scholarship Fund, Georgia State University Foundation for the School of Nursing” (*The Atlanta Journal/ The Atlanta Constitution*, July 22, 1998).

1998 Georgia’s Public Health Nursing Centennial was celebrated with a proclamation, a luncheon for retired public health nurses, and many other activities throughout the state.

1999 “Dianne B. Banister received the Georgia Nurses Association and the Georgia Nurses Foundation second annual Nurse of the Year Award for 1999. Mrs. Banister is Nurse Manager of the Houston County Health Department. ‘Concerned about the lack of care, especially medications available to the indigent population of her county, Mrs. Banister became the architect, coordinator, and principal implementer of a new countywide initiative, the Medical Assistance Program. MAP is an elaborate partnership that brings together the county’s health department, two community hospitals, DFCS, many private pharmacies, private providers, and the public health district staff.’ According to Dr. David Harvey, a local pediatrician and Board of Health chairman, ‘The goal of MAP is to improve access and the continuum of care for the medically uninsured citizens of Houston County. As we are successful, we will decrease hospital readmission rates, decrease acuteness upon readmission, drive down health care costs, and increase health promotion and education.’ A team of nurse case managers, backed by a caring hospital system and a community that is willing to contribute its energy and resources, is making a big difference in one fast growing mid-state county” (*Georgia Nursing*, August, September, October 1999).

1999 “Carole Robinson, RN, MPH, chief nurse for the division of public health, Georgia Department of Human Resources, was elected president of the Association of State and Territorial Directors of Nursing (ASTDN). An affiliate of the Association of State and Territorial Health Officials (ASTHO), ASTDN is comprised of public health nursing leaders who represent all 50 states, the District of Columbia, and the five territories. Robinson also received an award of merit from her peers for consulting on behalf of



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ASTDN with the Centers for Disease Control and Prevention and with Health Resources and Services Administration, Division of Nursing. Robinson received the award for her part in developing and producing the broadcast of January 29, 1999, 'The Role of the Public Health Nursing Leader in Relation to Population Health.' This distance learning program featured case studies presented by five Georgia public health nursing leaders. It is part of a national initiative to strengthen the emphasis on population health in public health nursing practice" (*The Atlanta Journal-Constitution*, Pulse, August 12, 1999).

1999

In January, the Division of Public Health conducted a pilot test of a new multi-phase quality assurance initiative, *Quality Assurance for Public Health Nursing Practice under Nurse Protocol*. This initiative was in response to a request from the District Health Directors for a more coordinated and integrated approach to quality. The Office of Nursing collaborated with state program offices, multiple disciplines and district representatives in the development, implementation and coordination of the QA initiative. During Phase I of the QA initiative (January 1999 – December 2000), site visits were conducted in each of the 19 Public Health Districts.

2000

"Rose Dilday celebrated her 85th birthday with a birthday celebration held on March 25 attended by former students, faculty colleagues, members of the 1960's Mental Health Planning Team, GNA members, and friends. An article appeared in *Georgia Nursing* about Mrs. Dilday's contributions and life. She represented nursing on the Mental Health Planning Team responsible for planning the state's current community mental health programs and the ten regional hospitals. At that time Georgia had only one psychiatric hospital, located in Milledgeville. Rose made sure that nurses had a significant role at the hospital. Later Mrs. Dilday assisted Emory School of Nursing with grant writing and consultation in beginning the first Masters Program for Psychiatric Nursing in Georgia. She joined the Emory faculty and taught many of the first Psychiatric/Mental Health Clinical Nurse Specialists. There is a Named Scholarship honoring Mrs. Dilday for a student studying Mental Health Nursing at Emory. She had a number of roles with the Georgia Nurses Association, but the one she will be remembered most for is for beginning the Impaired Nurse Program, now known as the Nurse Advocate Program, which served as a prototype for other state associations" (*Georgia Nursing*, May, June, July 2000).

2000

After extensive efforts to determine need, interest, and preferred methodology from public health nurses around the state, the Population Health Online Course was developed and piloted in partnership with Brenau University during the fall semester of 2000. The Division of Public Health sponsored all of the tuition costs of the public health nurse

In January 1999, the Division of Public Health conducted a pilot test of a new multi-phase quality assurance initiative, *Quality Assurance for Public Health Nursing Practice under Nurse Protocol*.





who enrolled in the course. The course was offered for 4 hours of credit at the baccalaureate level. Subsequent online courses were offered in the fall 2001 and spring 2002.

2002 In June, Phase III of the Quality Assurance/Quality Improvement (QA/QI) initiative began. New standards were added to the QA/QI process, including community health status profile, credentialing, leadership competencies, cultural competencies, and customer satisfaction. During this phase, the primary coordination and ownership of the county site visits moved from the state office to the districts. The Office of Nursing continued to provide coordination, support and facilitation of the process. Members of the state QA/QI team participated in local site visits, as requested by the districts.

2002 The Office of Nursing received a nursing education HRSA grant (Grant #D11HP00368) to continue the online course through June 2005 during which time an additional 302 nurses completed either the Population Health Online Course or the Introduction to Population Health three day CE program. The CE program was created to provide population health content in a format that addressed the budgetary and staffing shortages preventing nurses from enrolling in a semester long course. The population health online course and CE program included several components to support learning and application of population health concepts including computer skills training from a distance-learning expert prior to the online course, Office of Nursing support during application, enrollment, and class participation by the Population Health Nurse Coordinator, mentors, communication with faculty and other nurse students, and two scholars' CE programs each year on population health related issues. The online course required a project implemented in the community/workplace that incorporated at least one of the fundamental population health competencies being taught.

Chronology of Georgia's State Public Health Chief Nurses

*1934–1946
Abbie Roberts*

*1946–1962 c.
Theodora A. Floyd*

*1962–1974 c.
Dorothy Barfield*

*1975–1988
Ruth Melber*

*1988–1989
Jane McCombs (Acting)*

*1989–Present
Carole (Robinson) Jakeway*

As of October 2002



Oral History Project

by Jane Atkinson Hammett, RN, BSN

Oral interviews are available in their entirety in the Special Collections section of the Woodruff Library of Emory University, titled "Georgia Public Health Nurses Oral History Collection."

American nursing has a rich history, but it is one that has only been sporadically told. A large number of individual stories and geographic areas are untouched, and the private and professional lives of practicing nurses have been silenced by a scarcity of written records. It was because of this that "The Georgia Nursing Oral History Project" was originated in 1986 by Dr. Margaret Parson at Emory University. When local and state archives yielded few personal papers from Georgia's nursing leaders, and none from Georgia's practicing nurses, an oral history project was conceived and developed.

A total of 46 interviews were conducted between 1986 and 1992. The seven interviewers were nurses familiar with southern and nursing history and with oral history methods. The oldest nurses were interviewed first. There was a concerted effort to interview nurses that were white and black, from rural and urban locations, and from all sectors of the state. The majority of these Georgia nurses worked in public health, but private duty and staff nurses are also represented. All were retired at the time of the interviews.

The interviews are available in their entirety in the Special Collections section of the Woodruff Library of Emory University, titled "Georgia Public Health Nurses Oral History Collection." The collection was made possible in part by a grant from the Emory University Research Committee, 1989–1991, with several smaller grants from Alpha Epsilon Chapter of Sigma Theta Tau. They can be read or heard on audiotaped versions at Emory Special Collections (Georgia Nursing, August, September, October 1999 Edition 12).

The 100 Year Public Health Nursing History work group collected and reviewed copies of the oral histories of 19 well known and little known Georgia Public Health nurses: Dorothy L. Barfield, Florence A. Beasley, Magnolia Brown, Bessie Mae Dickey, Pauline English, Theodora Floyd, Elizabeth Horne, Parnell Mines Jones, Laura V. King, Betty Kleinsteinuber, Merle Lott, Birdie T. McFarland, Thelma Marshall, Beatrice Alford Parramore, Helen M. Smith, Roberta Rogers Spencer, Myrtle Tomlin, Mattie Lee Davis Wade, and Mamie Lee Miller Wilson.

Brief excerpts from the oral histories of Theodora Floyd, Dorothy Barfield, and Parnell Mines Jones are available. Those interested in further study and review can contact Emory Special Collections at the Woodruff Library on the Emory campus.





Theodora Floyd

The oral history interview of Theodora Floyd was conducted by Rose Cannon in 1987. Theodora Floyd had a long and productive career in community-based nursing care and public health supervision in the Hawaiian Islands, and later held administrative positions in public health in Georgia and other parts of the South. She served as the Director of Public Health Nursing in the Division of the Georgia Department of Public Health from 1946 until her retirement in 1962.

Floyd was born July 5, 1896, in rural Miller County in southwest Georgia. In spite of her self-perception of growing up “poor,” Theodora grew up with intellectual riches. Her father was a school teacher, farmer, and blacksmith. The Floyd family had numerous books to read and an organ on which to practice music lessons, and they encouraged the children to gain as much education as possible. Theo, a nickname from her father that stuck for life, was surrounded by traditional ideas of what a “lady” might and might not do. By age eleven she was playing the organ in her church, had taught herself to play the violin, and rode her Texas horse as fast and hard as she could, despite her mother’s feeling that athletics of any kind were for boys and men, not girls.

In spite of access to a family doctor, a pediatrician, good food, exercise, and home remedies, serious illness would sometimes strike the Floyd family. When she was about one she had whooping cough, and as a teenager she may have had tuberculosis. She was ordered to take cod liver oil with meals and to refrain from play during lunch period at school. During the flu epidemic of 1918, Floyd’s entire family was stricken. It was this experience, along with impressions cultivated in her Methodist upbringing, she says, that largely influenced her life. She decided she wanted to be a missionary and a teacher in China. She never imagined she would become a nurse. After several years of study toward a degree in teaching and learning the Chinese language, which eventually led her to Pasadena, California, she was disappointed to learn that there were no teaching positions for her in China. In her usual determined manner, she turned to nursing to give her another entry point to her long-held dream. She enrolled in the Los Angeles General Hospital’s three-year diploma program in nursing, the only one in her class of 100 who already had a college degree. She graduated at the age of thirty-one, having been voted the “ideal nurse of the class of 1927.”

With still no signs of a job in China, she enrolled in the University of California in Los Angeles, for a 6-week course in child hygiene, a specialty of great interest to her. Through the university’s placement office, she was offered a position in public health nursing at the Palama Settlement in Honolulu, which seemed to her to be the first step toward China. As a staff nurse, she conducted prenatal and well-baby clinics, made home visits to care for the sick, visited schools, gave immu-





nizations, and instructed first aid courses. She would often teach classes with the assistance of four interpreters (Chinese, Japanese, Filipino, and Korean).

She eventually received a master's degree in supervision in public health nursing at Teachers College in New York City, and in 1932 returned to Hawaii, where she held several positions. She designed the first public health nursing course at the University of Hawaii in Honolulu.

In 1940, she returned to Georgia to take a position created for her by the State Health Officer as consultant nurse in maternal and child health. She was able to increase the number of public health nurses in the 159 Georgia counties, obtain additional training for those nurses, and introduce innovative preventive health care ideas. One of her greatest challenges was convincing doctors to use incubators for premature infants. To do this, she traveled all over Georgia with the state medical director, holding "institutes" on the care of premature infants for doctors and nurses in the rural areas of the state.

During World War II, Floyd was the maternal and child health consultant for the U.S. Children's Bureau in the southeastern states, headquartered in New Orleans. She assisted in the development of maternal and child services and educational programs for wives and children of men serving in WWII, and established programs to lower rheumatic fever rates.

In 1946, she returned to Georgia to take the position of Acting Director of the Public Health Nursing Division. She was soon made Director, a position she held until her retirement in 1962. Some of her major accomplishments were developing a family record that included all of the members of the family, not just the designated sick person; identifying, registering, and training granny midwives; and working to launch the Visiting Nurse Association.

Following her retirement she lived in Atlanta and, later, in Tallahassee, Florida. Approximately two months after a festive 100th birthday celebration, she died on September 18, 1996. She is buried in Earley Cemetery in Cedar Springs, Georgia.

Her entire life was spent searching for better ways to do things. She tried to instill in the nurses she worked with a desire to travel outside the region, to learn new procedures and gain access to the ideas of other cultures and disciplines. Always imaginative, she spent the majority of her career creating better health conditions for mothers, infants, and children through positive preventive measures.

One of her greatest challenges was convincing doctors to use incubators for premature infants. To do this, she traveled all over Georgia with the state medical director, holding "institutes" on the care of premature infants for doctors and nurses in the rural areas of the state.





Dorothy Barfield

Dorothy Barfield was interviewed on November 12, 1987. Dorothy was born in Monroe County and grew up in Macon, Georgia. "When I graduated from high school, that was during the depression, I had always thought I was going to be a home economist, but that would have meant college and there was no way I could get to college with the financial situation of my family. I decided to go to nursing school. My family was not happy about that decision. I applied at the Macon Hospital School of Nursing, which was one of three diploma schools in Macon at that time." Dorothy indicates in her oral history that "I suppose way back in the recesses of my mind, public health had been attractive to me for years, because I remembered a public health nurse that came out to the school. Her name was Miss Ruth Smith, and she was always meticulously dressed. She had on her little blue uniform, with a little starched white collar and long sleeves and starched cuffs, and she always looked like she had just stepped out of a band box. She was always kind and good." Dorothy recalls contacting Myrtle Tomlin (then Myrtle Fountain), who had been her roommate during nursing school, and asking her how she liked public health nursing. She also called and then met with the Director of Public Health Nursing in Atlanta, who was then Theodora Floyd.

Subsequently, Dorothy did go into public health nursing. She spent six months in Nashville, at Peabody College. A portion of that time included field work in Fulton County. Florence Beasley was her sponsor at the Hapeville Health Center. Following graduation from that program, Fulton County made her an offer and she went back to work for them as a staff nurse at the East Point Health Center. She worked there for about 3 ½ years and (among other responsibilities) was the sponsor for students studying public health nursing.

She decided she wanted to go back to school, and Miss Floyd encouraged her to go somewhere other than Peabody. She applied and was admitted to New York University. She had never been to New York. Her descriptions of her experiences there include the fact that the "kids from Brooklyn could not understand my southern drawl."

When she returned to Georgia she was offered a supervisory position in Whitfield County in Dalton. That, she says, was the beginning of some of the happiest years of her life. "I loved the mountains. I loved North Georgia. I worked with Dr. John Venable, who was the health commissioner at that time and he was delightful to work with. We had a good staff of young Public Health Nurses." (Margaret Hackney was one of these.)

Her public health work in Dalton spread into other north Georgia counties, including Murray, Gilmer, and Fannin counties. She says that "the more I worked in that situation, the more I



*Dorothy Barfield and Miss
Laura Webb.*





"My personal philosophy is that one can serve better if one knows the environment in which the people live, see the family and family relationships."

realized I needed to go back to school again." She finished her baccalaureate degree at New York University. "I swore I was going to get it before I was forty, and I just snuck in under the line." Not long after, she decided to get a graduate degree. She went to Tulane University. She describes that time as "good years."

Following this graduation, she returned to Whitfield County as the Director of Nursing for that four-county district. She later followed Dr. Venable to the state health department as the nurse responsible for direction and guidance of nurses in state institutions (Milledgeville State Hospital, Gracewood School for the Mentally Retarded, the Georgian Clinic, and Battey State Tuberculosis Hospital), helping them and public health nurses in the counties better coordinate services following discharge. She also worked with many diploma schools of nursing all over the state who sent their students to state hospitals for training, in order to better coordinate and involve the schools of nursing in specific parts of the training.

Dorothy recalls VD Clinics, Tuberculosis Clinics, Child Health Stations, and significant problems with various communicable diseases including polio. She remembered assisting polio cases in Dalton in their homes; quarantining homes for diseases such as scarlet fever and typhoid fever; going into the schools to give thousands of injections; and making many home visits. She laments the fact that current day public health nurses do not go into homes as much. Programs are more clinic-operated. "My personal philosophy is that one can serve better if one knows the environment in which the people live, see the family and family relationships."

As chronic diseases started to increase and become more of a focus and Medicare came along, Dorothy developed proposals to begin home care to the sick within the structure of the public health system.

In public health, there were many opportunities for growth. "Public health to me," she says, "this was the answer to my needs. It was doing something to help people to stay well, not taking care of them after some of the things that they had done had made them get ill. I'm not saying that all illnesses are self-imposed, but it was helping people to stay well and do things on their own. It fascinated me. And to go into a home with a mother and a new baby and she didn't know scratch about how to take care of the baby – and to teach her and to see that baby blossom. Or to pick up one that was anemic and was being fed nothing that it should have been fed, and to see them as white as your sweater, and to help that mother, even with low income people, which most of them were, help that mother develop and keep that child well, and see that child develop with good color and become a bright youngster. This kind of thing fascinated me and I enjoyed it."





"I was always active in the district and state associations. We had an organization of public health nurses. I was active in that. And I was a fellow in the American Public Health Association (APHA) before I retired."

In closing, she said, "Public health nursing has been a fascinating experience. If I were younger I would go through it again. My life has been very exciting. I feel like I haven't missed a thing."

Dorothy Barfield died on April 17, 2001 in Macon Georgia. A remembrance presentation was given at the Public Health Nursing Leadership Fall Meeting in 2001, in Savannah.

Parnell Mines Jones

Parnell Mines Jones was interviewed by Margaret Parsons on July 10, 1990. Ms. Jones is an African American woman who was born in an urban area in Savannah, Georgia. She had three siblings. Her father, a carpenter, was active until his death at 87. "My mother was a housewife. We had a good home. Not a lot of material things, but a good family." She stated that her godmother was a nurse who watched her. "She had a lot of influence on me. We were neighbors and church members and I had known her all my life. She was the nurse in our school. At that time, we had school nurses and she worked the elementary school I attended. We all called her 'Da' and I think that was the influence on me to become a nurse. Her full name was Mrs. Annie May Smothers. She retired from the health department after thirty-five years and of course was partly responsible for me being employed at the health department."

Parnell attended Savannah State College, and then went to nursing school at Grady Hospital in Atlanta from 1946 to 1949. At that time, nursing education for the white students was separate from the black students. Both were there in the program, but they had little contact with each other. There were 44 students in her initial class. When she graduated there were about 22. She recalled that white nursing students took care of white patients and black nursing students took care of black patients during her time there.

Her first job was with the United States Public Health Service at a venereal disease treatment center in Alto, Georgia. When that federal program ended, she moved back to Savannah and provided venereal disease treatment to patients in sixteen counties in that part of the state, while at the same time "doing work for the Board of Education and some private duty nursing at night." Regarding the treatment for syphilis, she recalled that prior to penicillin they used injectable mafarson as treatment. She described it as a crude treatment, but it was all they had.



"I remember a man wearing moss, you know moss that grows in trees, in his shoes. He declared that it helped his diabetes. I had to do some very good explaining to him and just continue to have him understand that moss in his shoes was not going to heal his diabetes. But it took a while. It really did."

Later, she worked for a short period of time as a relief nurse at the railroad hospital – Central of Georgia Railroad. Then Patricia Cannon, the director of nursing at the health department in Savannah at that time, called her to come to work there to replace a nurse who was moving to Columbus. She describes a caseload of about 180 patients, including prenatals, postpartums, infants, preschoolers, diabetics, cardiacs, and other general caseload patients. She made home visits and worked in clinics such as the VD Clinic and the TB Clinic. Black nurses only cared for black patients, and white nurses only cared for white patients. She indicated that this continued for about twenty-two years. When that changed, she described a smooth transition after she and a white nurse divided the territory geographically and each started caring for patients of both races.

Mrs. Jones referred to some involvement with patients who had polio. She also recalled working with clients who had chronic diseases such as diabetes. "I remember a man wearing moss, you know moss that grows in trees, in his shoes. He declared that it helped his diabetes. I had to do some very good explaining to him and just continue to have him understand that moss in his shoes was not going to heal his diabetes. But it took a while. It really did."

Parnell Jones recalled the separate black and white nurses' professional associations. She stated that nursing leaders she particularly admired included: Florence Nightingale, the founder of modern nursing; Mary Mahoney, the first African American professional nurse, who assembled the underground railroad; and Harriet Tubman.



Partnerships Between Public Health Nursing Service and Public Health Nursing Education

by Mary Hall, RN, PhD

Possibly the most significant partnership of the many that have existed between public health nursing and other entities is the partnership with nursing education. This partnership has been both mutually beneficial and enduring.

It is difficult to pinpoint the beginning of this relationship. Even in the years before baccalaureate nursing education programs, diploma programs sent students to various public health settings for experience, particularly to Central State Hospital in Milledgeville and the Battey State Tuberculosis Hospital in Rome. Additionally, public health nurses served as sponsors for students having field experience from such places as Peabody College in Tennessee (Barfield Oral History, 5).

With the advent of collegiate education for nurses, the partnerships between education and the public health nursing service in Georgia were strengthened. In the mid 1940's, students from the Medical College of Georgia (MCG) in Augusta and Emory University in Atlanta needed experience in public health nursing, a requirement of baccalaureate nursing education. Some content was taught by faculty in the schools of nursing; however, in the early years, county health departments not only served as clinical placements for students but also had nursing educators on staff who provided significant content. Two such nursing educators were Mable Shurling in Fulton County and Adele Thaxton in DeKalb County. These nurse educators selected well-qualified public health nurses to be sponsors for students. These "sponsors" were in fact the clinical instructors for students. Health departments did, in most instances, receive remuneration from the schools of nursing for these educational services.

Beginning in the late 1950's, both MCG and Emory employed faculty to teach all the public health nursing content and be clinical supervisors in the health departments. These faculty worked closely with staff nurses and supervisors to select family caseloads and other clinical experiences for students.

The next BSN program to open in Georgia was at Georgia State University (GSU) in 1969. The program was preceded by a satellite program of MCG, located at GSU. However, the MCG

Possibly the most significant partnership of the many that have existed between public health nursing and other entities is the partnership with nursing education.





satellite program was phased out a few years before the School of Nursing of GSU began its own BSN program.

In the following decade, other schools of nursing were developed in colleges and universities across the state. By 2000, there were 19 schools of nursing offering baccalaureate nursing education programs. These programs continue to contract with the official public health agency to provide clinical placement settings for students.

This partnership was not one-sided. Schools of nursing recognized their responsibility to share their expertise with public health agencies. This often took the form of in-service education lectures and continuing education opportunities. The most formalized assistance a school of nursing provided public health nursing was the contract between the Division of Public Health and GSU to teach the core curriculum (basic skills) to public health nurses in three metro Atlanta counties. Margaret (Maggie) Kline was employed in 1971 by Dorothy Barfield, Chief Nurse in the Division of Public Health, to develop a program of core content for public health nurses, many of whom did not have the BSN degree.

Historically, the Basic Skills in Health Appraisal Program had its basis in a two-part workshop developed in 1969 by the State Child Health Program. “These workshops focused on improving the PHN’s observational skills, instruction in normal growth and development, and beginning skills in using otoscopes and ophthalmoscopes” (Basic Skills in Health Appraisal 1988, 1). In 1973, at the request of District Chiefs of Nursing, work was begun on a more comprehensive physical assessment workshop. Hence, the contract with GSU was initiated in 1975.

The Basic Skills course was lengthened in 1980 to include pediatric assessment. This enhancement was an outgrowth of Medicaid requirements for nurses to perform physical assessments. According to Dr. Armenia Williams, Associate Professor, Georgia State University, who participated in developing the curriculum, “the Basic Skills Program demonstrates the change in focus from population based public health nursing to the personal care focus driven by individual reimbursement for services through Medicaid.” The Division of Public Health Office of Nursing received funding from Medicaid for the basic skills program. Health Departments billed Medicaid for well-child assessments and other services. Furthermore, Dr. Williams stated that the “budget for health shifted from program-based funding for local and state health department services to a more complex budget based on Medicaid, block grants, and U.S. Public Health Services Health Resources and Services Administration grants.”

As mentioned previously, the contract with GSU for the Basic Skills in Health Appraisal course covered only three metro Atlanta counties. In order to make the course available throughout the

... “the Basic Skills Program demonstrates the change in focus from population based public health nursing to the personal care focus driven by individual reimbursement for services through Medicaid.”





state, other schools of nursing contracted to teach this curriculum during the 1980's.

In an effort to determine the present status of the partnerships between public health nursing education and service, Dr. Mary Hall, Professor Emeritus, Nell Hodgson Woodruff School of Nursing (Emory University), conducted a survey in May 2000 of the 18 schools of nursing in the state offering BSN programs. Fourteen schools responded to this survey. Following is information about the results of this survey, in four categories:

I. Settings for Clinical Experience in Public Health/Community Health Nursing for BSN students

Setting	# of Schools Using Site
Official Public Health Agency	13
Home Health	11
School Health	12
Occupational Health	12
Outpatient Clinic	12
Other	7

All but one of the schools responding said they utilized the public health agency for clinical experiences. Schools also used a variety of other community settings. Under "Other," schools listed childcare settings, homeless shelters, migrant farm programs, hospices, Head Start programs, health fairs, camps, rural health clinics, and community health assessments.



Drawings from an original booklet prepared by a student nurse, Cathy Spence, during her public health nursing field experience in Fulton County in 1961.





II. Clinical Supervision Arrangements for BSN Students

Type of Arrangement PublicHealth Agencies	# of Schools Using
Faculty present, directly supervising students	6
Faculty present, but nurses in setting serve as preceptors	7
Faculty not present, but coordinate experience through a designated nurse in the setting	9
Other	0

Most schools used more than one type of arrangement for student supervision. Only one school indicated that their only method of clinical experience was a faculty member present to directly supervise students. No school listed clinical arrangements other than the three types specified above.

Schools were also asked if they offered a graduate (master's) program. Ten schools reported that they offered a master's program. The earliest began in 1954, and the latest opened in 1998. Of these schools, eight utilized the official public health agency. The settings of school health, occupational health, and outpatient clinics were also used, as well as other similar settings for the BSN program. With regard to the type of clinical supervision used for graduate students, nine schools reported faculty not present but coordinating the experience with a designated nurse in the setting. Additionally, one of these nine schools reported faculty present with students in selected sites. Only one school indicated that faculty was present in directly supervising students.

Staff development – The third component of the survey dealt with the services schools offered to public health agencies. Two areas were covered – continuing education and staff development.





III. Continuing Education N=9

Type of Program	# Offering
Content specific to Public Health	2
Content relevant to Public Health, but not exclusive	5
Other	2

Nine schools offered continuing education. Of these, the majority offered content relevant but not specific to public health. Even the two responding under “other” had programs which, in reality, were relevant (health assessment course and CEUs for all nurses).

IV. Staff Development N=6

Type of Program	# Offering
Content as part of new staff orientation	0
Content as part of ongoing public health nursing staff development, such as quarterly staff meetings	2
Other	4

Only six schools had faculty who participated in staff development offerings. Four of the six schools indicated that faculty participated as requested by the public health department. One of these stated “as requested by virtue of paid roles with the department.” This comment would seem to indicate that faculty from that school have dual appointments with the school and with the agency.

Additional comments:

At the end of the survey, there was a place for additional comments regarding the relationship between nursing education and public health nursing service. All but two respondents commented. The comments indicated a strong, mutually supportive, and beneficial relationship. Some stated





the relationship had strengthened over the years. Judy Wold commented, “Our goals are congruent. Our programs are community focused” (Judith Wold, RN, PhD, GSU). Dr. Wold and other deans and faculty were former public health nurses themselves, which undoubtedly facilitated a stronger understanding and deepened the relationship.

One school summed up the partnership well by concluding, “As the public health department changes nationwide, it is increasingly challenging to negotiate nurses’ roles. Nursing started public health in this country – it is time to reclaim it. Our students have much to learn and much to contribute through ongoing association” (Jean Bartels, Georgia Southern University).

Georgia Public Health Nursing Practice and Education and Workgroup (GaPEW):

To strengthen the partnership between nursing education and public health nursing, a new collaborative effort was begun in 1996. The purpose was “to identify issues of common concern relative to the current and future practice and preparation of public health nurses in Georgia” (Georgia Public Health Nursing Practice and Education Work Group: A Summary and Status Report, February 2001).

PHN summits have been held once or twice a year since May 1997. The partnership began to address such important issues as development of meaningful learning opportunities in public health for undergraduate BSN students and the integration of population health concepts, including the core public health functions and the essential public health services, into the undergraduate curriculum (Summary and Status Report, February 2001).

Also, the work group worked diligently to develop a population health course for academic credit for currently employed public health nurses. A survey of public health nurses indicated an interest in such a course. A sub-group developed a course content outline, and the course was tested at Brenau University. Fifteen of the 19 baccalaureate programs indicated a willingness to offer the course. The course was offered using distance learning strategies, since travel and time were major concerns of PHNs who were interested in the course (Survey Regarding Population Health Course). Further information regarding the population health course and the ongoing collaborative efforts of the Public Health Nursing Education and Practice Work Group is available from the Office of the Chief Nurse, Division of Public Health, Georgia Department of Human Resources.

In conclusion, the partnership between public health nursing practice and public health nursing education is strong and enduring. This collaborative effort is essential to meet the challenges facing public health nursing in the 21st century.

*...the partnership between
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County Health Department and Public Health Nursing Histories

by Jane McCombs, RN, MN

We asked the District Public Health Nursing and Clinical Directors to encourage their various counties to prepare and submit a history of their county health department and public health nursing, for inclusion in this document.

We learned that some counties had already prepared histories. Others were inspired to develop local histories. Some were long, already published, in pamphlet form and relatively sophisticated. Others were brief and simple.

We encourage all counties that have not yet developed a local history to do so and send a copy to: Georgia Department of Human Resources, Division of Public Health, Office of Nursing, 2 Peachtree Street NW, Atlanta, GA 30303.

Excerpts from five of the county histories are included as samples in this publication (Chatham, DeKalb, Dade, Fayette, and Coweta).

CHATHAM COUNTY

Savannah started the first unified public health nursing service center in the southeast in 1933.

The first public health nurses were employed by private civic organizations. A group of young women later known as the Mary MacLean Association organized in 1903 to provide services to the sick poor. Two years later they hired a nursing school graduate from New York, Henrietta Myers. Her first office was in the basement of a house on the corner of Lincoln and State Streets. There, she made her own bandages and dressings, and went out on rounds from 8 in the morning to 8 at night. In 1910, the Mary MacLean Association established a milk distribution service as well.

Another organization, the Margaret Bottome Circle of the King's Daughters, hired a nurse to care for tuberculosis patients and established free clinics for children. In 1912, the Metropolitan Life Insurance Company began to provide visiting nurses for its policy holders, then transferred the service to the Mary MacLean Association.





By the time the Chatham County commissioners established a county nursing service in 1922, some 28 organizations and agencies were working in community health, sometimes duplicating efforts. In 1925, a Savannah Health Center was formed to pool the resources, under the direction of Anne Hellner. Two years later, the city and county established a combined health department and extended nursing services to the area's schools.

By 1933, a team of 32 public health nurses was making over 56,000 visits per year. They had helped reduce the county's infant mortality rate by 50 percent, from 125 deaths per 1,000 in 1927 to 64 in 1934. The infant mortality rate was 8.9 in 2002.

Savannah area nurses also pioneered the first mass tuberculosis and venereal disease screening. During 1945, they tested a total of 71,149 citizens, in addition to performing their other duties.

In 2003, 57 nurses staffed the Chatham County health department's programs. "Although there are many new challenges, like AIDS, our mission is still essentially the same," explains Reinee Lynch. "We teach prevention measures to individuals and families, control the spread of disease and care for pregnant women and children. More and more, modern medicine emphasizes community health and cost-effective prevention measures, so our experience should serve Georgia well in the future" (Barbara Joye, DHR Office of Communications, press release to Savannah, February 3, 1993, interview with Reinee Bell Lynch, Chatham County nurse).

DEKALB COUNTY

In DeKalb County, a local board of health was established in January 1924. Dr. Warren Harrison was the first health officer. Health concerns for DeKalb County were infectious diseases and high death rates, and there was a need to improve sanitary conditions in the home, in school, and in the workplace.

Between the years of 1924–1944, there were dramatic improvements in DeKalb County's health status. These improvements began when the county adopted the Ellis Health Law in 1924. A full time physician and a public health nurse were employed. By 1925, DeKalb had two public health nurses, Mrs. Ella May Jones and Miss Nell Osborne, whose duties were to aid in teaching disease prevention; administer immunizations; provide home health care (299 home visits made in one month!); participate in numerous follow-up studies; and institute programs for maternal, infant and child care. They also supervised 536 DeKalb County school children and their families, 216 DeKalb County patients, and local midwives. The need for and value of these nurses was so great that a DeKalb campaign was started later that year to sell Christmas seals with hopes of collecting enough money to pay for a tuberculosis nurse.





From 1945–1965, socioeconomic changes occurred in the U.S. that impacted health care and nursing. The aftermath of World War II brought new health concerns and there was a shortage of civilian nurses due to nurses joining the armed forces. Major health concerns were poliomyelitis, syphilis, tuberculosis, and cancer.

In 1954, DeKalb County was selected as one of three Georgia counties to do trial Salk anti-polio vaccinations. Public health nurses were involved in trial vaccinations against measles in 1962. The work of public health nurses in the 1940's and 1950's was very diversified. Instead of different nurses working in physical and mental health, the same public health nurses would render services to all kinds of patients. They also went out to do inspections with environmental health staff. Public health nurses were active in DeKalb County and City of Decatur school systems, doing health screenings, teaching health education, and assisting teachers with health problems as necessary.

New contraceptive technology (Enovid, the first oral contraceptive in the U.S. in 1960, and the Lippes Loop IUD in 1962) contributed to the changing role of the public health nurse, mandating that they become even more autonomous in their practice.

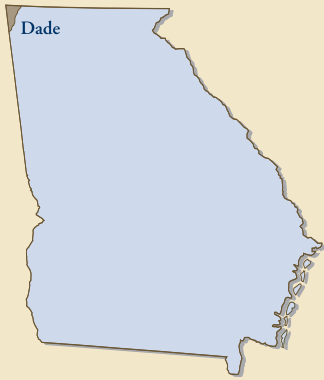
DeKalb was the first county in the U.S. to offer supplemental foods to pregnant and nursing women; this was in 1967.

In 1968, a massive campaign was launched in an effort to eliminate measles. Adding to the already overburdened system, three more new diseases (herpes, chlamydia, and Lyme disease) were recognized. New vaccines were developed against rubella, mumps, hepatitis B, and hemophilus influenza (HIB).

Team nursing was introduced in the late 1960's. Nurse practitioners and physician assistants began practicing in the early 1970's. During 1975, public health nurses in DeKalb County began working in expanded capacities as basic skills assessment education was given at Emory and Georgia State University.

Nursing leadership in DeKalb County changed hands four times during the twenty-year span from 1966–1986. The directors of nursing were Merle Lott, Rowanne Ligon, Jane Martin Atkinson, and Kay Lawton. In 1956, there were 27 PHNs (Public Health Nurses). In the early 1990's under the leadership of Georgina Howard, director of nursing, DeKalb County had over 120 nurses involved in direct patient care and/or management striving to meet the needs of the community they serve (*A History of Public Health in DeKalb County, Georgia in Celebration of 100 Years of Public Health Nursing*, Compiled by Roxanne Rush-Bryant, RN; Pat Akin, RN;





Ann McBride, RN; Beverly Waters, RN; and Margaret Williams, RN; DeKalb County Board of Health, Decatur, Georgia, c.1994).

DADE COUNTY

The Dade County Health Department was started around 1929 or 1930. The first office was located in the Masonic Building, and it later moved to the courthouse. The present health department was built in 1952 with Hill-Burton funds for \$53,250.00.

In 1932, Miss Jones was the public health nurse. She came on Saturdays, by appointment. She also worked in Catoosa County. The next nurse, Edna McDaniel, was followed by Martha Wright and then Fanny McWhorter. When Fanny McWhorter resigned on February 10, 1957, the health department was closed until June. Wilma Pace began work. Ms. Pace retired in 1979. Then, Verence Hawkins began working part time at the health department in 1972. In 1979, after working for four years in Walker County, Mrs. Hawkins returned to work in Dade County. Verence Hawkins retired at the end of January in 1996 and was replaced by Linda Bradford.

The health department is a vital part of our community. Two Dade County doctors contributed much to its progress. Dr. D.S. Middleton, a resident of Rising Fawn, practiced medicine in Dade County for many years and worked with the local health department. As a representative in the state legislature, Dr. Middleton helped write Georgia's first public health bill in 1914. This was the Ellis-Middleton Bill. Dr. Murphy Cureton, a native of Rising Fawn, was medical director for Dade, Walker and Catoosa, and Chatooga counties from 1961–1970. He helped implement many improvements. He also recognized the need for and started local mental health services.

In August, 1939, Maternal and Child Health conferences were started at Trenton; in December, a similar program was started at Rising Fawn. There were also programs for immunizations, tuberculosis, school health, and cancer. Polio was a dreaded disease until 1955. The first Salk polio vaccine was given at the Dade County Health Department on March 3, 1955.

In the early seventies, the nurse was in the health department one day a week and made home visits the other four. Now, most of the work is done in the health department. Many programs have been added, such as clinics for hypertension, diabetes, family planning, WIC (food for pregnant women, infants and children), vision and hearing screening, and scoliosis screening.

The health department continues to be very important in Dade County. Approximately one-fourth of the population uses its services each year. Most families have used the services at some time. The employees work closely with other agencies to help provide a better life for Dade Countians





(Hawkins, Verence, RN, History of the Dade County Health Department, 1996). Ms. Hawkins included a copy of the Red Cross Charter, dated June 20, 1931, and signed by Herbert Hoover, President of the U.S. This has hung in the health department as long as she can remember.

FAYETTE COUNTY

The Fayette County Health Department was established in Fayette County in February 1949. The county provided office space and equipment, and the State of Georgia furnished clinic supplies and vaccines. Donations from the Tyrone Masonic Lodge, Bethany Brotherhood, Tyrone Brotherhood, and from some individuals (Mrs. T.J. Busey, Mr. C.L. Fife, and Mr. F.A. Sams, Sr.) were used for miscellaneous supplies and furnishings.

Fayette County's first public health nurse was Mrs. Geraldine Stinchcomb. She worked from 1949–1953. She was succeeded by Mrs. Floye Holton from 1954–1970, and Mrs. Bernice Edmondson from 1970 until 1997.

Environmental services have been provided since 1962. Mr. Earl Wheeler worked in this section of the health department until the late 70's when present director Richard Fehr was hired. Al Dohany also worked in this department for many years before he transferred to Butts County, and, later, to the district health office in LaGrange as the District Health Planner. Al died in 1999, and the Georgia Public Health Association established the Al Dohany Award for Community Service in his honor.

The 1970's and 1980's saw significant growth and expansion of services at the health department. Phenomenal growth was experienced throughout the 1990's. The health department has grown from a staff of two to 20, who serve approximately 81,000 Fayette County residents (Ayers, Susan P., RN, Fayette County Health Department History, 1998).

COWETA COUNTY

In 1934, Coweta County had an itinerant (mobile unit) type x-ray and VD clinic as its first form of public health service. The first health department began in 1939 in the old Welfare Building (presently the County Administration Building). This one-nurse clinic was known as "the place to get shots for VD." In 1947, the health department consisted of three rooms with no hot running water, and it still provided prenatal and dental services. In 1950, the first sanitarian was added. At this time, well-baby clinic and school immunizations were added to the previous three clinics. Three nurses and one clerk staffed the department and added a fourth nurse in 1952.





The explosion of innovative service deliveries occurred in the 1990's. Prenatal services were enhanced with Perinatal Case Management and on-site Presumptive Eligibility for Medicaid following positive pregnancy tests. Weekly prenatal classes began. Pregnancy Related Services began. The Health Check program is now present in eight elementary schools. Lead screening for all children and the Early Intervention program (ages 0–3 years) with physical therapy, occupational therapy, and speech therapy began in the new building. Mammography for the uninsured and under-insured residents began. HIV testing, referral, and follow-up increased. On-site services for mass immunizations such as Hepatitis B were activated. We also collaborated with the school on TB and meningitis cases. Coordination has become a main focus for all these services, to include tracking clients for: sickle cell, immunization, PCM, prenatal, Health Check referral, child tracking, and outbreak of measles, meningitis, STD's, etc. We initiated a computer system in May 1992 and continue to upgrade.

The population and programs continued to soar, and our facilities no longer met the needs of our clients. We moved into our remodeled facility at 137 Jackson Street in March of 1994 (Ayers, Susan P., RN, Coweta County's Public Health History).





Domestic and Folk Medicine

by Jane Atkinson Hammett, RN, BSN

In 1932, Amanda K. Beck, R.N. wrote *A Reference Handbook for Nurses*. It was published in Philadelphia and London by the W.B. Saunders Company. This handbook was widely used as a reference guide for nurses, including public health nurses. One of these nurses was Florence Harris, the mother of Kay Grey Gatins, who assisted us in collecting material for our history publication. This delightful handbook includes chapters on everything from abbreviations, weight and measures conversion charts, pediatrics, the blood, obstetrics, and nursing acute fevers, to an interesting chapter on food preparation. The public health nurse is versatile.

Brief excerpts on several topics are included here to show how early remedies blended folk medicine and the use of herbs and household treatments with an evolving understanding of more scientific methods and the development of sophisticated vaccines and medications.

Smallpox – Every child should be vaccinated against smallpox. It is a moot question at what age. We prefer the spring of the second year. In the event of cases occurring in the vicinity, vaccination must take place at once at any age. Vaccination is a surgical procedure and must be treated with surgical cleanliness, to prevent complications. A sterile gauze dressing is to be preferred to the old-time “shield.”

Measles – Measles serum or whole blood from convalescent measles patients is of value for the passive immunization of individuals who have been exposed to the disease. Investigations at present in progress indicate that blood removed from individuals who have had measles at any time in the past, is of value for passive immunization.

Diphtheria – Diphtheria is an acute contagious disease, caused by the Klebs-Lofer bacillus, characterized by a gradual onset, sore throat, moderate temperature, high degree of toxicity and the presence of a membrane over the mucous membrane of the tonsils, larynx, or nose. Diphtheria is a preventive disease. The giving of “toxin-antitoxin” or “toxoid” (Antitoxin Ramon) will protect a child against this dreaded malady. These injections do not confer immunity immediately. Three to six months may elapse before immunity has been accomplished. At the end of six months after the injection, it is advisable to check the immunity of a child with the Schick test. Occasionally, an individual needs more than the usual number of injections. Very, very occasionally an individual cannot be immunized. The injections are essentially harmless. A previous attack of diphtheria or

Brief excerpts on several topics are included here to show how early remedies blended folk medicine and the use of herbs and household treatments with an evolving understanding of more scientific methods and the development of sophisticated vaccines and medications.





the giving of antitoxin does not insure against further attacks. One may get diphtheria several times. However, “toxin-antitoxin” and “toxoid” injections probably create immunity for life. A child should have these treatments before the completion of the first year.

Pediculosis – Protect the pillow with a rubber sheet or bath towel. Saturate the hair thoroughly in a solution of olive oil and kerosene (50 percent each). Bind up head in a towel for eight to twelve hours. Shampoo hair and comb with a fine comb. To remove nits, saturate hair in hot vinegar, allow to stand fifteen minutes and shampoo. Comb toward root, with a fine comb. Repeat as needed.

Rheumatism – A constitutional disease, characterized by fever, inflammation in and around the joints, occurring in succession, and a great tendency to induce the condition of endocarditis or pericarditis. The cause is usually exposure to cold, chilling of the body, and damp atmosphere. Rest in bed is important. The bedding should be yielding, and the patient wear loose flannel night-clothes. Sleeping between blankets promotes perspiration, increases the activity of the skin, prevents exposure to cold, and may reduce the liability to heart trouble. Change bed-clothing frequently. The diet should be easily-digested food. Milk is the most suitable. Dilute with alkaline or mineral water. Barley- or oatmeal-water and lemonade may be given. Broths and soups may be substituted for milk at times. Regular feedings every two hours until patient convalesces.

Removal of Insect from the ear – To dislodge an insect from the ear, saturate a piece of cotton-wool in salt and vinegar. Fill the ear with it. Have patient lie on the ear and give firm pressure with the hand. The insect may be found on the cotton when the plug is taken out. Oil may be used as a substitute.

Itching feet – Apply salicylic acid daily until this condition is relieved. This may take from one to three weeks.

Testing urine for sugar – Put 1 teaspoon of Benedict’s qualitative solution in a tube. Add 8 drops of urine from a vessel containing a twenty-four-hour specimen. Boil the mixture for three minutes or set the tube in a dish of water and boil the water four minutes. If the mixture turns green there is very little sugar present. If it turns red and throws down a brick-dust deposit, much sugar is present.

Egg shampoo – Beat yolks and whites of 6 eggs together. Thoroughly saturate hair with warm water, combing it in. Then rub the eggs into the hair and down to the scalp until they make a lather. Add water as needed. When the hair is ready for rinsing, pour plenty of warm water over it slowly to clean out eggs. Then use the shower freely.





Oysters on the half shell – Wash the shells, and put them on hot coals, or upon the top of a hot stove, or bake them in a hot oven. Open the shells, taking care not to lose any of the liquor. Serve at once on hot plates with toast.

Mayonnaise dressing – Yolks of 2 eggs, $\frac{1}{2}$ teaspoon of salt, pinch of cayenne pepper, 2 teaspoons of mustard, and $\frac{1}{2}$ teaspoon of powdered sugar. Mix the ingredients thoroughly, then drip in $\frac{1}{2}$ cup of olive oil, drop by drop, stirring all the time one way. When thick, add a teaspoonful of lemon juice. When the dressing is thick and smooth, add a tablespoon of cream. Stir with a wooden spoon or laddle.

Mint sauce for meats – One-half cup mint leaves chopped fine, 2 tablespoonfuls powdered sugar, 1 cup of hot vinegar. Dissolve the sugar in the vinegar and pour over the chopped mint leaves. Let stand thirty minutes to infuse. If the vinegar is very strong, dilute with water. Serve hot. Especially good on roasted lamb.

There was an alphabetical listing of the action, uses, and doses of the “most important drugs,” including agar, argyrol, arsenic, belladonna, castor oil, chloroform, cocain, cod-liver oil, creosote, formaldehyde, ipecac, mercury, morphin, opium, salicylates, sodium bicarbonate, tannic acid, and wormwood.

Also, there were formulas and instructions for warm packs for pneumonia patients, cold packs to reduce temperature, sponging to reduce temperature, hot packs to induce perspiration, hot foot baths, and directions for the removal of plaster-of-Paris casts.

Public health nursing has come a long way.



Public health nurses in 1925.



The Twenty-First Century of Public Health Nursing: Embracing the Opportunities

by Carole C. (Robinson) Jakeway, RN, MPH

For over 100 years, public health nursing has been a vital force in Georgia's health system. From the beginning of public health nursing, public health nurses have been instrumental in promoting and protecting the health of the people, and preventing diseases and injuries. Consistent with Lillian Wald's leadership, the public health nursing practice in Georgia has been built on a synthesis of public health principles and professional nursing, in pursuit of improved health for the entire state. As an integral part of the total effort to make a difference in the health of communities, public health nurses have formed partnerships with environmentalists, epidemiologists, nutritionists, physicians, community leaders, and many others. The history of public health nursing is grounded in the principles of population health practice. Although the health issues have changed during this past century, and public health nurses today are addressing such challenges as HIV/AIDS, multi-drug resistant tuberculosis, teen pregnancy, tobacco consumption, and emergency preparedness, the specialty of public health nursing continues to be a fundamental resource for protecting and promoting the health of the public.

As the health care industry continues its transformation at a rapid rate, public health nurses in Georgia are positioning for major change. They are forming new and more non-traditional partnerships with private, public, and corporate entities. As new issues concerning consumer advocacy, quality oversight, and outcome measurement continue to emerge, public health nurses can approach these changes as opportunities to respond to the public's growing needs. The legacy of public health nursing serves as a foundation upon which to build success for embracing the health care challenges of the twenty-first century.

Increased Accountability

There is an increased demand for accountability within the health system, both in the public and private sectors. The public's demand for less and more efficient government at the federal, state and local levels will continue throughout the century. Although quality was not one of the major goals of health care reform during the early 1990's, the consumer is now demanding that





quality be given much more attention. Measures of quality, outcome, productivity, and cost will take on new meaning for the entire health care industry, including public health. Public health nurses have the knowledge and skills to help determine these important measures as well as oversee quality and make decisions about distributing resources.

Population Health Practice

Public health nursing in Georgia evolved from a predominantly population-based practice to one focused on personal preventive health services. Public health will continue building more emphasis and resources on population health, while still providing some direct clinical care. A study on the causes of death by McGinnis and Foege (JAMA, November 10, 1993, Vol. CCLXX, No. 18) concluded that approximately half of the deaths of U.S. residents occurring during 1990 could be attributed to such factors as tobacco (19%), diet/activity patterns (14%), alcohol (5%), microbial agents (4%), toxic agents (3%), firearms (2%), sexual behavior (1%), motor vehicles (1%), and illicit use of drugs (1%). The results of this study provide an abundance of opportunity for improvement in such categories as behavioral choices, sexual practices, and social policy. Public health nurses can participate more in community health assessments, community education, and they can work with community partners to ensure appropriate opportunities for health promotion and disease prevention. The emphasis on population-based health practice for public health nursing will call for renewed skills in many areas, including epidemiology, coalition building, health status measurement, data analysis, and customer service.

Expanded Scope of Practice

The changes in public health nursing practice, both within the personal preventive arena and the population-based arena, will be driven by the changes within the community. This concept has been integral to the specialty of public health nursing throughout the century and will continue to have an impact on the scope of practice. For example, as the prison and jail populations continue to grow and their health issues become more complex, we will need to place more emphasis on health assessment, health planning, discharge planning, and follow-up systems to ensure continuity of care. As new and complex environmental issues continue to emerge, such as hazardous waste disposal and management, there is an increased need to provide risk assessment and risk communication as part of the overall interdisciplinary team response and community effort. Public health nurses can expand their scope of practice to include these important roles. The twenty-first century should bring a wide range of exciting opportunities for public health nurses to make a difference in the health of communities by practicing more population health, driven by societal changes and community needs.



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